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UNIVERSITY OF ALBERTA

LEARNING NEEDS OF INACTIVE NURSES IN ALBERTA

BY

MICHELE C. BOURGEOIS MACDONALD

©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF EDUCATION
IN
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DEPARTMENT OF ADULT, CAREER, AND TECHNOLOGY
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THE UNDERSIGNED CERTIFY THEY HAVE READ, AND RECOMMEND TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH FOR ACCEPTANCE, A THESIS ENTITLED LEARNING NEEDS OF INACTIVE NURSES IN ALBERTA SUBMITTED BY MICHELE C. BOURGEOIS MACDONALD IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN ADULT AND HIGHER EDUCATION.

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Olive Yonge

Dr. Olive Yonge

Date: Sept. 18, 1991

ABSTRACT

The purpose of this study was to identify the barriers to re-entry to nursing and the personal and professional learning needs of re-entry nurses, as perceived by inactive nurses in Alberta. The ultimate goal of this study was to make some recommendations regarding the development and/or improvement of nursing refresher programs which could more effectively meet the learning needs of the inactive nurses of Alberta.

A descriptive survey method was employed utilizing a questionnaire to obtain the data. The questionnaire included mostly closed-ended questions and some open-ended questions. The questionnaire included questions regarding demographic characteristics, educational backgrounds, and career patterns of the respondents as well as barriers and personal and professional learning needs of re-entry nurses as perceived by the respondents. The questionnaire was piloted by five inactive nurses. A sample of 268 inactive nurses were surveyed of which 155 responded equaling a 58% response rate. The data obtained from the biographical questions were analyzed utilizing measures of central tendency and variability. The data obtained from questions regarding the barriers and learning needs were also analyzed using descriptive statistics. The biographical data were then compared with the data regarding the barriers and learning needs utilizing the T-test, ANOVA, and Scheffe's test which provided some additional findings. The qualitative data were analyzed according to themes and frequency of responses.

The findings of this study indicated that: 1)the barriers to nursing re-entry relate to some professional and personal issues the greatest barriers being outdated nursing knowledge and skills and home and family responsibilities, 2)inactive nurses have many personal learning needs upon re-entry to nursing, 3)inactive nurses perceive professional learning needs regarding nursing knowledge, nursing skills, and aspects of professional behavior to be of great importance for nursing re-entry. The findings also suggest that inactive nurses are interested in assessing their own learning needs for nursing re-entry. In addition, almost half of the respondents indicated an interest in returning to the nursing profession. Finally, the respondents' age, educational backgrounds and career patterns did significantly affect some of their perceptions regarding the barriers and learning needs for nursing re-entry.

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CHAPTER I

STATEMENT OF THE PROBLEM AND ITS SIGNIFICANCE

Nurses who have been inactive for a number of years and who are re-entering their profession can be a valuable part of the nursing profession. Because of their varied professional and life experiences they lend to the nursing profession maturity and a heterogeneity that is crucial to a rounded professional image.

Due to factors such as our changing economic situation, the women's movement, shortages of qualified nurses, and the high degree of obsolescence in technology and knowledge, inactive nurses are re-entering the profession. At present there exists one distance delivery nursing refresher program to meet the needs of all the re-entry nurses in Alberta. Women and in particular nurses returning to the workforce are believed to have special learning needs making them distinct from other adult learners (Barabash-Pope, 1990; Perry, 1986). Therefore a needs assessment of inactive nurses would assist in the development and/or improvement of nursing refresher programs which could more effectively meet the learning needs of this population.

Barriers to and learning needs for re-entering nursing as perceived by inactive nurses are the focus of this study. The learning needs are the personal and professional needs that identify the gaps in knowledge, skills, and attitudes that separate the inactive nurse from performing as an active practitioner in nursing. Because the literature on re-entry nurses suggests that re-entry nurses at present are almost strictly female this study has focused specifically on female re-entry nurses.

Problem Statement

What are the barriers to re-entry to nursing and the personal and professional learning needs of re-entry nurses, as perceived by inactive nurses in Alberta?

Research Questions

Answers to the following research questions were sought:

1. What are the barriers to re-entry to the nursing profession as perceived by inactive nurses in Alberta?
2. What are the personal learning needs of re-entry nurses as perceived by inactive nurses in Alberta?
3. What is the professional knowledge that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?
4. What are the professional skills that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?
5. What are aspects of professional behavior that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?

Definition of Terms

Inactive nurses -those nurses in Alberta who are not actively practising nursing.

Learning needs -the personal and professional needs that identify gaps in knowledge, skills, and attitudes that separate re-entry nurses from performing as an active practitioner in nursing.

Needs assessment -a data gathering process that is carried out to identify and analyze learning needs perceived by the learners.

Nursing refresher program -an educational program which prepares a nurse for re-entry into nursing by updating her knowledge and skill to the level of at least the beginning practitioner in nursing (Alberta Association of Registered Nurses, 1987).

Perception -an individual's representation of reality, based on one's prior experiences and present knowledge.

Personal learning needs -learning needs which do not concentrate on specific nursing knowledge, skills, and attitude building but relate to other related responsibilities, conditions, and needs that re-entry women must also meet in order to learn effectively (Barabash-Pope, 1990; Perry, 1986).

Professional learning needs -learning needs which are concerned with acquiring the knowledge, skills, and attitudes that are necessary to achieve the professional nursing standards.

Re-entry nurses -inactive nurses who have not been actively practising nursing who wish to re-enter the nursing profession.

Re-entry women -women over twenty-five years of age with a history of delay or interruption in their education or worklife (O'Barr, 1990).

Assumptions

This study is based on the assumption that:

1. Re-entry nurses share common personal and professional learning needs.

2. There are some inactive nurses that are interested in re-entering the profession.

3. The respondents will complete the questionnaire honestly and to the best of their ability.

Delimitations

This study will:

1. not collect data from inactive nurses in Alberta who are not members of the AARN as of April 1991.

2. not examine the needs of re-entry nurses as perceived by the organizational institutions who are recipients of these re-entry workers although this perception is recognized as an important element in program planning.

Limitations

1. Techniques for data collection will be through the use of a questionnaire designed by the researcher. The inherent limitations of questionnaires is recognized such as possible misrepresentation of questionnaire items.

2. The findings may be generalized to the sample of inactive nurses as defined in this study. Generalizations made about other inactive nurses in Alberta who are not AARN members should be undertaken with caution because the sample was one of convenience.

3. It is recognized by the researcher that inactive nurses within the sample who are not interested in returning to nursing may choose not to complete the questionnaire. The findings may be more representative of nurses interested in returning to the profession.

Significance of the Study

With increasing health costs and a shortage of qualified nurses in Alberta, health care administrators and educators are being forced to closely examine educational programs for active as well as re-entry nurses (McKee, 1990). In the American literature there is a consistent focus on the critical shortage of Nurses (Aiken, Blendon & Rogers, 1981; Brown & Waddell, 1988; Harris & Nesheim, 1989; Macdonald & Friese, 1989). In Alberta nursing shortages have fluctuated over the years. At present, there is a shortage of qualified nurses particularly in critical care areas. Harvie (1989) states that there are over 500 vacant positions in Alberta according to the United Nurses of Alberta. Perhaps more importantly at present however is the spiraling cost of health care in Alberta. At the University of Alberta Hospitals in response to the hospital cutbacks and increasing costs of health care the hospital chose to lay nurses off instead of closing beds despite the shortage of nurses already present (Aikenhead & Helm,1990). This act to save money may seriously affect the quality of health care available in the hospital. These two factors, the shortage of nurses and increasing cost of health care are reasons for addressing the recruitment of inactive nurses. Re-training inactive nurses may be more economical than training new nurses. Curran & Lengacher (1982) see nursing refresher programs "as an inexpensive and productive recruitment strategy" for employers (p. 29). Thus the need for effective nursing refresher programs is apparent.

At present there is only one nursing refresher program serving the needs of all re-entry nurses in Alberta. It is a distance delivery program. Distance education doesn't necessarily suit all types of learners. Adults have diverse learning styles, interests and experience (Dettmer, 1986; Knowles, 1984). Until recently there existed another nursing refresher program in Alberta which was a more traditionally structured program. It was discontinued despite a program evaluation strongly supporting its continuation (Barabash-Pope, 1990).

To date the literature on the analysis of needs of re-entry nurses is minimal. Many research studies and articles on re-entry nurses address their needs only indirectly. The literature on needs assessment in program planning defines the learner as an essential source of information. A needs assessment is therefore seen as a crucial step and a major factor in the success of a program (Bjorkquist & Murphy, 1987, 1989; Boone, 1985; Braden, 1988; Carey & Dick, 1987; Dettmer, 1986; Langerman, 1974; Miller & Verduin, 1979).

It is also important to note that recent international and Canadian reviews on adult education have identified a great escalation in the number of re-entry students, including adults re-entering previous professions (Department of the Secretary of State of Canada, 1989; Organization for Economic Co-operation and Development, 1983, 1987). Some of the reasons for this trend are cited as being attributable to the women's movement, obsolescence of knowledge and technology, the downturn of the economy, and the general recognition of an individual's right to personal growth and development. In light of this trend it is reasonable to assume that the need for nursing refresher programs could be increasing rather than decreasing.

There are many reasons why nurses are returning to their profession. Some of the reasons for returning to work and/or school are characteristic of re-entry women as a whole but the literature also addresses issues specific to re-entry nurses. The economic necessity of a two-income family, the rise in single parent families, and the women's movement are often cited as reasons for the increasing trend of women returning to work (Belock, 1983; Gooden & Welty, 1989; McKee, 1990). Nurses' salaries have been increasing over the years and economic return for the job may be becoming more attractive to inactive nurses. Many nurses in the past left nursing due to poor monetary compensation (Belock, 1982; Moore, Singh & Tun, 1983). The high degree of obsolescence in technology and knowledge in many fields is often a major reason for the increase in women re-entering school. The high rate of obsolescence in technology and knowledge particularly in the nursing field highlights the necessity that nurses who have not been active in the profession need to update their knowledge and skills to successfully re-enter their profession. The Alberta Association of Registered Nurses (AARN) requires that nurses who have been inactive for more than 5 years must successfully complete an approved nursing refresher course in order to practice nursing in Alberta.

In summary, a need for effective nursing refresher programs was suggested due to the shortage of qualified nurses, escalating health care costs, the probable increase in re-entry nurses in the future, and the obsolescence of nursing knowledge and technology. There is a lack of information addressing the learning needs of re-entry nurses as perceived by the re-entry learners. In addition, there is only one type of nursing refresher program in Alberta to meet the needs of all Alberta re-entry nurses. In light of these factors an analysis of the needs of re-entry nurses as perceived by inactive nurses to develop and improve nursing refresher programs was seen as a crucial element in meeting the needs of this valuable growing population.

CHAPTER II

LITERATURE REVIEW

There is a lack of literature specifically focusing on the learning needs of re-entry nurses. It is for this reason that the literature reviewed encompasses more generally related topic areas. The review begins with a historical review of women and nurses returning to school and/or the workforce. The characteristics of re-entry nurses is then discussed with reference to literature regarding both re-entry women as a whole and re-entry nurses specifically. It is in this section that the specific learning needs of re-entry nurses is discussed. Thirdly, the contributions that re-entry nurses can and have made to the nursing profession is reviewed. Fourthly, the theory on the importance of needs assessment to program planning is quite thoroughly examined with particular reference to Boones's (1985) conceptual programming model. Finally a brief historical review of nursing refresher programs is provided as well as a description of the present situation regarding these programs in Alberta. The intention of this review is to integrate literature related to the analysis of the needs of re-entry nurses with particular emphasis on its value to nursing refresher program planners.

Historical Review of Re-entry Women and Nurses

O'Barr (1990) states that in the 1960s the demand for continuing education programs for women became apparent. Prior to this time, women were reluctant to follow through on their personal aspirations (O'Barr, 1990). Cultural norms dictated that women should take care of their families and this often required that they set their needs aside. As the women's movement evolved women began to realize the importance of fulfilling their hopes and needs. An interrelationship between their welfare and the family's well being was also being recognized. By the 1960s women were re-entering educational programs more readily and by the 1980s women constituted the majority of students in higher education in America (O'Barr, 1990). These women are usually referred to as re-entry women. Re-entry women are not concentrated in any certain areas of study nor are they being ignored. Institutions are beginning to make major accommodations for re-entry women regarding programs and structures of education.

Recent international and Canadian reviews on adult education indicate that women students make up the majority of adult students in Canada and in other countries and this trend is said to be increasing (Department of the Secretary of State of Canada, 1989; Organization for Economic Co-operation and Development, 1987). Both of these reviews have also identified a great escalation in the number of re-entry students which include adults re-entering their previous professions. The need for programs for these students is increasing. The reasons for this surge of re-entry students have been cited as being due to the movement of women into the labor force, the increase of divorce and single parent families, personal financial reasons, and in general the downturn of the economy.

Re-entry nurses have grown from being a neglected group of individuals to one that is gaining more recognition regarding their special needs and value to the nursing profession. Within the past 15 - 20 years the nursing profession in the United States and Canada ruled that nurses who had been inactive for a certain number of years had to take a refresher course to be reinstated as an active member of the profession and thus work as a nurse. Until this time nurses were retrained on the job in very inconsistent ways and often not in any thorough manner. Since the refresher requirement ruling refresher courses are being offered more consistently and in more structured ways.

There is an increasing trend of women re-entering the labour force. With this trend and with the nursing profession's mandate for updating nurses it is reasonable to assume the need for nursing refresher programs could be increasing rather than decreasing.

Characteristics of Re-entry Nurses

Re-entry nurses include a sample of learners who share many of the same characteristics of adult learners but that also have special characteristics as re-entry women and nurses, making them distinct from adult learners (Barabash-Pope, 1990; Perry, 1986;

Reed, 1986). Knox (1981) states that program planners responsible for adult education courses must be aware of their learners' characteristics.

Nurses commonly take time off from nursing at some point in their careers. Gulack (1983) states that the vast majority of nurses leave nursing for a period of time and "these nurses spend an average of nearly seven years away from nursing" (p. 32). Re-entry nurses are mostly women between the ages of 25 and 55 years, the majority being between 35 and 44 years of age (Moore & Thurston, 1983). The majority of them have children and are or were homemakers. Their years away from the nursing profession range from 5 - 50 years. Re-entry nurses also have a variety of professional experiences, the majority however were hospital staff nurses. More of these nurses are graduates of nursing diploma programs rather than baccaleaureate graduates. This general profile of re-entry nurses is supported by the literature (Brown & Waddell, 1988; Gooden & Welty, 1989; Moore, Siu & Thurston, 1984; Todd & Wallace, 1987).

The literature also concurs on the reasons why nurses leave nursing. Nurses generally leave the profession temporarily to raise a family, to obtain relief from the responsibilities and pressures of nursing, to avoid shift work and to seek better salaries (Belock, 1983; Gulack, 1983; Moore, Singh, & Tun, 1983). Nurses re-enter the profession because income is needed and/or their children have grown and therefore they can spend more time away from the home (Gulack, 1983). Belock (1983), Gulack (1983) and Gooden & Welty (1983) also address some other motivations of nurses who wish to return to nursing. Many of them return because of their desire to help people and because they have missed nursing. A large number are experiencing a desire for accomplishment and independence and see nursing as an avenue to meet these needs.

Adult learners are characterized by a variety of factors that influence educational participation. They like to exercise their autonomy. They want control over what they learn (Knowles, 1984). One study on re-entry women indicates that re-entry women are less autonomous than career women (Galvin-Schaefers & Pickering, 1988). This finding is consistent with the personal concerns expressed by re-entry women stemming from weak self-concepts, derived perhaps from our cultural norms regarding women. Re-entry women often lack assertiveness skills as well. Self-esteem is low for re-entry women including re-entry nurses (Jenny, 1990; Moore, Siu & Thurston, 1983; Perry, 1986).

Re-entry nurses, like most adults, are also pragmatic in that they are motivated by needs or problems that arise related to their life (Knowles, 1980; Reece, 1985). They usually want to learn what will help them cope with their life tasks or problems. As adults mature one great task is to "move themselves out of the center of the universe and discover where they really fit into it" (Knowles, 1980, p.30). Thus, the adult learner may be more capable of being objective. Objectivity may lend itself to an open-mindedness which can be an asset to a learner. Re-entry nurses share this characteristic with adults.

Knowles (1980) states that as adults mature they move "from imitation to originality" (p. 32). Given this tendency for being innovative and their autonomous nature, the adult learner tends to independently use new knowledge to suit their needs in a creative fashion. Creativity is cited as being a typical and valued characteristic of nurses (Pesut, 1988).

Adult learners' self-identities are usually better developed than younger students (Knowles, 1980). Being more aware of his or her identity, the adult learner responds more to intrinsic motivation rather than to extrinsic motivation. Thus, the adult learner is potentially capable of assessing his or her own learning needs (Belock, 1983). Some of the literature states that re-entry women have spent much of their lives caring for others and meeting other people's needs which allowed their identities to be dependent on significant others (Perry, 1986). McKee (1990) studied the impact of nursing refresher programs and found that the difficulty graduates most frequently identified initially upon returning to practice was "that of feeling inadequate" (p. 117). Galvin-Schaefers and Pickering (1988) compared personality variables of women in careers and women re-entering careers. They found that re-entry women scored lower on autonomy and assertiveness measures but did not receive significantly lower scores on self-esteem or dominance measures. These results suggest a rather complicated profile of re-entry women which in itself supports the necessity of assessing the learning needs of re-entry women.

Re-entry women have an extensive base of life experiences and knowledge on which to build and to utilize in learning situations as many adult learners do. However, adults may also bring with them, negative experiences about learning. Re-entry women may lack proficiency in basic academic skills which puts them at a disadvantage in most learning environments (O'Barr, 1990; Perry, 1986).

Adults and particularly re-entry women have many roles and responsibilities which are always changing and or expanding (Knowles, 1980, 1984; Norris, 1985; Reece, 1985; Darkenwald, 1984; O'Barr, 1990; Perry, 1986). Motivation to learn may be based on problems or needs that arise due to their changing life roles and responsibilities. In addition, these roles and responsibilities can dictate how and when they engage in learning. Re-entry women typically have child care responsibilities. The role change from mother-wife to mother-wife-student that re-entry women must often make can cause conflict within the family.

Contributions of Re-entry Nurses to the Nursing Profession

Recruitment of inactive nurses is seen as a fruitful avenue to obtain qualified, experienced and committed nurses. Studies have concluded that the large majority of re-entry nurses have no difficulty obtaining and retaining employment in nursing following successful completion of refresher programs (Brown & Waddell, 1988; Gooden & Welty, 1989; McKee, 1990; Moore, Sui & Thurston, 1984).

Barabash-Pope (1990) found that nursing refresher graduates thought "it was much easier in terms of time and cost to re-educate a nurse who had been out of the workplace for a period of time than to educate a new nurse" (p. 129). Moore, Sui & Thurston, (1984) state that nursing refresher programs offer "a viable economic option to retrieve lost training from a large pool of 'hibernating' nurses, thus adding elasticity to the supply and demand of nurses" (p. 22). A pool of qualified nurses is particularly valuable in times when the supply and demand of nurses is unpredictable due to hospital cutbacks and fluctuating nursing shortages.

There are many characteristics of re-entry nurses that are valuable to the nursing profession. Re-entry nurses have varied professional experience as documented by many studies. Adults in general are known to have many life experiences (Knowles, 1984). Greater life experiences of older nurses than younger nurses are seen to help improve their ability to nurse. Wilson (1986) attests that being a mother improves nursing skills and the majority of nurses leave nursing to raise families as cited earlier. Their increased experience with the positive and negative happenings in life, like the birth of a child and death of a loved one, can be seen to improve their ability to be empathetic with patients. Being able to develop empathy for patients is an essential nursing skill. Also, general experience with life can lead to the development of organizational and creative skills and the ability to be resourceful. These are also essential nursing skills. The older adult is seen to have developed these skills to a greater degree than the younger adult.

Because re-entry nurses are often returning to the profession because their families are grown and demand less of them and because they are generally older than nurses new to the profession, it is suggested that they can be viewed as a more stable and reliable group of employees. Many sources describe the re-entry nurse as one who is devoted, dependable, reliable, stable, and highly committed to nursing (Barabash-Pope, 1990; Gooden & Welty, 1989; Moore, Sui & Thurston, 1984; Watson, 1986).

McKee (1990) states that the majority of supervisors identified unique contributions made by refresher graduates. The contributions identified most frequently were "commitment and maturity" (p. 119). In a study done on Alberta refresher programs in 1984, Moore, Sui & Thurston concluded that directors of nursing generally perceive refresher graduates to be effective, devoted, and dependable providers of health care. Re-entry nurses are described as having made the decision to return to nursing only after much deliberation (Barabash-Pope, 1990; Watson, 1986). Watson (1986) also found that there was no relationship between how long nurses were out of nursing or how many children they had and how successful they were once they returned to nursing.

Nurses with characteristics of stability and commitments can be considered critical in a profession which maintains an extremely high turnover rate (Barabash-Pope, 1990). There is no doubt that inactive nurses are more than capable of assuming roles and responsibilities of professional care givers. Because of their varied professional and life experiences they lend to the nursing profession maturity and a heterogeneity that is crucial to a rounded professional image and to the provision of quality nursing care.

In summary, as adults, re-entry nurses exhibit characteristics of adult learners but have certain characteristics that make them unique. Re-entry women constitute a large number of the population of adult students and it is suggested that educational programs make a special effort to meet their needs. Re-entry women have learning needs that have been neglected for too long (Perry, 1986). Re-entry nurses are seen to be more than capable of assuming roles and responsibilities of adult learners particularly if their specific personal and professional learning needs are equally met. In light of the unique characteristics of re-entry nurses and their valuable contribution to the nursing profession an analysis of their needs is suggested to be a critical element in developing effective nursing refresher programs.

Needs Assessment

In much of the literature on program planning, particularly in adult education, assessing the learner's needs is identified as a crucial step in the process. The literature consistently defines a "need" as the gap or discrepancy between the way things are and the way we would like them to be (Bjorkquist & Murphy, 1987; Boone, 1985; Carey & Dick, 1987; Kaufman, 1988; Knowles, 1977; Miller & Verduin, 1979). A "needs assessment" is consistently described as an activity in which the gaps or discrepancies between what is and what should be are identified and analyzed. Information gained from this process can then be utilized to plan an effective program or improve the effectiveness of an existing program. Many authorities agree that a needs assessment should be the initial step in program planning (Bjorkquist & Murphy, 1987; Braden, 1988; Carey & Dick, 1987; Hunt, 1986; Kaufman, 1988; Knowles, 1977). However, in spite of this broad recognition by authorities in the area this essential step is often treated as optional and omitted from the planning process (Braden, 1988).

There are also different kinds of educational needs identified in the literature. Generally, the different kinds of educational needs can be broken down into needs that address the learner, the organization, and society. Not all proponents of needs assessment address all these categories of needs but most do agree that there are different categories of needs to be assessed (Bell, 1986; Knowles, 1977; Langerman, 1974; Miller & Verduin, 1979).

There is also consensus in the literature that different categories of needs are all equally important to consider when undertaking a needs assessment within the broader context of program planning. A systematic thorough needs assessment yields data a program planner requires to identify not only what the needs are, but also whether different kinds of needs identified by the learner, the organization, and society conflict. The program planner gains greater insight into what educational needs really do exist. The analysis of the data collected in a needs assessment assists in the formulation of program goals and objectives and in the development of instructional methods and evaluations which meet the various needs.

The literature on needs assessment defines the learner as an essential source of information. If the learners have their educational needs assessed and analyzed and these needs are then utilized to formulate goals and objectives, the program would be learner oriented. Educational needs as perceived by the learner is of particular concern to nurse educators in continuing nursing education. In this area of education a needs assessment is seen as a necessity by many (Beach, 1982; Betz, 1984; Bowman, B. & Wolkenheim, 1987; Lorig, 1977). The necessity of on-going needs assessments in continuing nursing education is largely due to the obsolescence of nursing knowledge and skills but also due to the fact that nurses are adult learners. "Adults learn best in situations in which they have participated in the decision concerning what they will learn" (Lorig, 1977, P.12). Learning needs as perceived by the learner are the focus of this study.

Boone (1985) strongly supports needs assessment in the development of programs in adult education. Adult learners like to be involved and have control over what they will learn (Boone, 1985; Lorig, 1977; Knowles, 1984; Langerman, 1974). Langerman states that, "unless the intended outcomes of the curriculum conform to the adult's need and interest, his belief system and his concept of reality it is unlikely that he will accept and make use of its content" (p.70). Adults thus would not be actively involved in their learning. Adults also have diverse individual learning styles, interests, experiences, and reasons for participation in learning (Dettmer, 1986). The literature on re-entry women suggests that they have special needs that must be assessed (Barabash-Pope, 1990; Perry, 1986). If a program is planned that has not assessed the target learners' needs it may be ineffectual. It appears that success of a program is closely related to a carefully conducted learner needs assessment particularly when adult learners are involved.

In addition, the key to motivation lies in the identification of learner needs by the learners themselves (Bjorkquist & Murphy, 1988; Knowles, 1984; Langerman, 1974; Miller & Verduin, 1979; Rogers, 1986). If a program's outcomes conform to the target learners' needs their readiness to learn can be ignited. Theorists of learning commonly suggest that learner readiness and motivational drive are essential elements in effective learning (Kidd, 1973; Knowles, 1984). Adult learners are known to respond better to intrinsic motivation versus extrinsic motivation. Longer retention and more use of material learned results from learners motivated by internal sources (Knowles, 1984).

The literature on needs assessment in curriculum development expounds on its virtues for the development of effective educational programs. Re-entry women are said to have special learning needs (Barabash-Pope, 1990; Gooden & Welty, 1984; Perry, 1986; Ruxton, 1981). Thus the significance of analyzing the learning needs of re-entry nurses for the development of effective nursing refresher programs is apparent.

In the American literature on re-entry women there are some research studies done on their educational needs and only a few done on the learning needs of re-entry nurses. J. Ruxton (1981) did examine the needs of re-entry nurses as perceived by re-entry nurses, nurse educators, and nurse administrators in California. The literature at present does include some research into the needs of re-entry nurses in Alberta. Two recent program evaluations done on nursing refresher programs in Alberta in 1989 have strongly recommended focusing on the learning needs of re-entry nurses for successful nursing refresher courses (Barabash-Pope, 1990; McKee, 1990).

Moore, Siu & Thurston (1984) surveyed nursing refresher course graduates in Alberta in 1982-83 to document the transition of these graduates back into practice as perceived by the graduates themselves and their employers. Moore et al. thought it was important to determine whether or not nursing refresher program content as was currently presented, was meeting the needs not only of nurses returning to practice but of those institutions who employ them. Results of this survey addressed personal and professional learning needs of re-entry nurses. McLees (1988) studied the career patterns and orientations of nurses in Alberta in 1976 and stated learner needs were important for educators to assess to increase job satisfaction. She found that job dissatisfaction was the major reason for nurses leaving the profession.

An article of special interest is Scheffer's (1984) on the need for nursing refresher programs to address the issue of nursing ethics. Scheffer describes the implementation of a model to "incorporate content related to ethics in the British Columbia Institute of Technology refresher programs in an effort to assist returning nurses to cope with the complexities of contemporary practice" (p. 36). The 1989-1990 calendar describing the only nursing refresher course in Alberta at Grant MacEwan Community College does not directly address the issue of nursing ethics in its course descriptions. The need for learning about the current ethical trends and ethical standards in nursing today may be underestimated at present.

Much of the literature on needs assessments as it relates to program planning states that needs should be assessed periodically to reflect the changing needs of our modern society. Assessing learning needs is suggested to be an important ongoing activity in the continuing education of nurses by Peters & Puetz (1981) and Popiel (1977). An assessment of the current professional and personal learning needs of re-entry nurses is therefore seen as an undertaking valuable to nursing refresher program planners and the nursing profession as a whole.

Boone's conceptual programming model. Boone's (1985) conceptual programming model has been chosen to set the needs assessment of re-entry nurses in a context. Boone's model was chosen because it is based on assumptions and concepts that incorporate an emphasis on planning as being imperative to program development and that planning is a collaborative effort. It is a collaborative effort in that adult educators establish and maintain involvement with their learners in the identification, assessment, and analysis of their educational needs. Identifying needs is viewed by Boone (1985) as the most important phase of program development.

Boone's conceptual programming model includes three interrelated stages: 1) planning, 2) design/implementation, and 3) evaluation/accountability. The educational needs are identified and analyzed in the planning stage and are then used to design and implement programs that address them. Evaluation/accountability is an ongoing process completing the program development cycle. Program outputs are assessed and reported in relation to program inputs, context and processes. Program inputs include learning objectives which have been previously developed based on the collaborative identification, assessment, and analysis of needs specific to the target learners.

Relevant to the learning needs to be analyzed in this study is Boone's concept of educational needs. He believes that educational needs are influenced by several psychological, social, and cultural factors. In particular the personal learning needs as defined in this study are being included in recognition of psychological, social, and cultural influences on learning needs.

The learning needs as perceived by the learner are the focus of this study. These learning needs are the personal and professional needs that identify the gaps in knowledge, skills, and attitudes that separate the re-entry nurse from performing as an active practitioner in nursing. The professional learning needs refers to those learning needs which are concerned with acquiring the knowledge, skills, and attitudes that are necessary to achieve the professional standards set by the professional nursing association (AARN). The personal learning needs refers to those needs which do not concentrate on specific nursing knowledge, skills, and attitude building but relate to other nonprofessional responsibilities and needs that re-entry women must also meet to learn effectively (Perry, 1986).

Needs assessment as it relates to program planning and the adult learner has been examined. The advantages identified in the literature that are gained when needs assessments are utilized in the program planning process appear to be powerful arguments in favor of its use. Doing a needs assessment on re-entry nurses is seen as important to the development and maintenance of effective nursing refresher programs and to the nursing profession.

Nursing Refresher Programs

Nursing refresher programs emerged to meet the needs of re-entry nurses. In the 1970s many states in the United States and provinces in Canada adopted a ruling that addressed mandatory retraining for nurses who had not practiced for five or more years. Until this ruling, structured re-entry courses were rare. The returning nurse was able to update his or her knowledge and skills via three separate routes: 1)on the job if the hospital was willing to take the nurse "under its wing", 2)by auditing undergraduate nursing classes which proved to be unsatisfactory (Belock, 1983), or 3)by entering a structured re-entry course which was often hard to find.

Nursing refresher courses tend to be different from each other. The courses vary in length particularly regarding the theoretical and clinical components. As well, they vary in the delivery approach, e.g., distance learning or on-site learning in colleges and hospitals. Many such courses describe their development as being based on a thorough needs assessment of re-entry nurses (Belock, 1983; Harris & Nesheim, 1984; Macdonald & Friese, 1989).

In Alberta the need to retrain re-entry nurses was recognized in the late 1950s. The first nursing refresher course outline was approved at this time in anticipation of changes in the employment of nurses which was opening up to include married nurses. Other trends contributing to the need for a refresher program were an increased number of women entering the workforce and a shortage of nurses (Wood, 1988).

The University of Alberta Hospitals Nursing Refresher Program began in 1962 mainly to alleviate a shortage in nursing (Wood, 1988). It was a hospital based program with structured theoretical and clinical components. This program was discontinued in 1989 despite a program evaluation strongly supporting its continuation (Barabash-Pope, 1990). In this evaluation, Barabash-Pope (1990) reported that students in the nursing refresher program would not have returned to nursing had this on-site type of program not existed in Alberta.

At present there exists only one nursing refresher program serving the needs of all nurses wishing to re-enter nursing in Alberta. It is a modularized distance delivery program. Some of the individual courses offered are compulsory and some are optional. The theoretical component of this course is a home-study program which must be completed before the clinical component begins. The clinical component must be completed within 3 months. Students have one year to complete the entire program.

Self-directed distance education doesn't necessarily suit all types of learners. Adults have diverse learning styles, interests and experience (Dettmer, 1986; Knowles, 1984). Some factors related to noncompletion of a distance learning program were identified by Nakonechny (1983). These factors were completing course assignments within the specific time-frames, inadequate study-habits, delays in shipment of materials and assignments, and little support from other students. A supportive environment has been identified as being a critical factor in successful re-entry to nursing practice (Barabash-Pope, 1990; Gooden & Welty, 1989; McKee, 1990).

Barabash-Pope (1990) found that nursing refresher students chose a traditionally structured on-site nursing refresher program over a distance-learning refresher program for very specific reasons. The eight week on-site program was appealing for child-care and other family and work responsibilities. As well participants thought they would be more likely to complete a program of this length and structure. These students felt that group support would be lacking in a distance education program and that this support was essential to their learning. Immediate instructor feedback was important to their learning and was perceived to be more available in an on-site program. Finally, the eight week on-site program allowed students to practice skills and integrate acquired theory immediately in the clinical areas. This was preferred over having to complete the theory in total before entering clinical practice which is characteristic of many distance-learning nursing refresher programs. It is suggested that in light of these changes in the options for inactive nurses to regain liscensure and work again as a nurse an assessment of the learning needs as perceived by re-entry nurses is imperative. The findings of such a needs assessment is seen to be crucial in the development and/or improvement of nursing refresher programs that could meet the learning needs of all types of re-entry learners.

Summary

A historical picture of re-entry women and nurses was outlined. Characteristics of re-entry nurses were examined. As adult learners re-entry nurses share some of the learning needs of adult learners and have some distinct needs of their own. Some of the unique contributions of nurses returning to the nursing profession were presented. The literature on needs assessment as it relates to program planning was addressed with particular emphasis on its value to nursing refresher program planners. The inception of nursing refresher programs was discussed as was the present situation regarding these programs in Alberta. Grounded with the knowledge gained from the literature review it was suggested by the researcher that analyzing the learner needs of re-entry nurses as perceived by these nurses would assist in the development and/or improvement of nursing refresher programs which could more effectively meet the needs of this valuable population of nurses.

CHAPTER III

METHODOLOGY

Nurses who have been inactive for a number of years and who are re-entering their profession can be a valuable part of the nursing profession. The purpose of this study was to identify and analyze the barriers to re-entry to nursing and the personal and professional learning needs of re-entry nurses as perceived by inactive nurses in Alberta. The following describes the methodology of the study. First the general design of the study is reviewed. The sample is then described paying specific attention to its size and delimitations. The instrument and method of data collection are discussed as is the organization and analysis of the data. In addition, the timeline followed for the study is included. Lastly, ethical considerations of the study are addressed.

General Design of the Study

Determining the barriers to re-entry to nursing and the learning needs of re-entry nurses as perceived by inactive nurses was the purpose of this study. The ultimate goal of the study was to make some recommendations regarding development and/or improvement of nursing refresher programs which could more effectively meet the learning needs of inactive nurses in Alberta. Because this study was undertaken with a view to applying the findings it could be classified as applied research (Castetter &

Heisler, 1980). The general design of this study utilized a descriptive survey method. This approach was seen to be suitable due to the nature of the research problem in that the emphasis is on the subjects, i.e., learning needs as perceived by the inactive nurses themselves. It was recognized by the researcher that unobtrusive research such as surveys are_subject to the influences of uncontrollable variables. Particular attention was given to the question of validity which can be a serious limitation to survey research if not adequately addressed (Ary, Jacobs, & Razavieh, 1990).

The Sample

The population for this study is all inactive nurses in Alberta. The sample was one of convenience selected on the basis of specific guidelines. The sample consisted of inactive nurses who had not worked as a registered nurse for four or more years. They were living in Alberta and only held associate memberships, with the AARN in the year 1990-1991. In addition, the members of the sample were born between the years 1935 and 1971 thus they were between the ages of 20-55 years at the time of this study. These guidelines for the selection of the sample were developed by the researcher with input from a computer technician, J. Nellis, of the AARN who was familiar with the purpose of the study, the status of AARN members, and the nature of records kept in the computer membership roster (personal communication, April 2, 1991). The researcher surveyed the sample expecting a conservative response rate of 30%. Thirty percent of a sample of 268 members was seen to be large enough to represent it.

Prior to deciding upon this sample the researcher attempted to obtain access to inactive nurses in Alberta who were not registered with the AARN. From the researcher's personal knowledge and from consultation with nurses, nurse educators, and an AARN representative many inactive nurses do not keep up their inactive membership even if they do intend to eventually return to nursing. To obtain access to this group of nurses the researcher put an advertisement in the "Edmonton Journal" and a community paper "Neighbours" (see Appendix A). The advertisement appeared for 3 days over a weekend. The researcher received 2 calls. One caller was inquiring about possible employment and was not interested in contributing to the study. The second caller was very interested in returning to nursing and was willing to volunteer in the study. Based on this poor response rate and on the general inaccessability of this group of inactive nurses they were not included in the sample for this study.

The findings of this study are more limited to determining the barriers to re-entry and the learning needs of the specified sample. Generalization of the findings to other inactive nurses outside the sample should be carried out with caution.

The Instrument

A questionnaire was utilized to survey the sample. Given the size of the sample a questionnaire was felt to be the most appropriate data collection technique. As well, other researchers doing needs assessments particularly in nursing education have utilized questionnaires as their means to collect meaningful data (Peart, 1968; Richardson & Sherwood, 1983; Roth, 1979; Ruxton, 1981). The researcher sought to obtain a combination of quantitative and qualitative data. Most of the data was quantitative and was of the nominal, ordinal and ratio type.

The questionnaire was developed utilizing various sources of information (see Appendix B). Two questionnaires were utilized to assist in the general format design and specific content of the items. One of these questionnaires evaluated the effectiveness of a nursing refresher program in meeting the personal and professional learning needs of the graduates (Barabash-Pope, 1990). The other questionnaire assessed the barriers to re-entry and professional learning needs of inactive nurses in California (Ruxton, 1981). Written permission was obtained from both of these researchers (see Appendix C and D). More information regarding valid content was gained from two subject experts (refresher nurse educators), from the literature on nursing refresher students, nursing refresher programs, and from nursing refresher textbooks. The AARN (1980) "Guidelines for refresher courses" was also referred to for content information.

The questionnaire was divided into four parts. Part one requested demographic information and information regarding educational background and career patterns. Part two addressed barriers to re-entry to nursing. Part three included questions relating to personal learning needs not specific to nursing. Part four listed questions pertaining to professional learning needs including knowledge, skills, and attitudes. The questionnaire utilized closed and open-ended questions. The majority of the questions employed a Likert scale for responding. The questionnaire consisted of approximately 90 closed-ended questions and eight open-ended questions or opportunities for open comments. The open-ended questions and the opportunities for open comments were included to obtain information that may not otherwise be acquired through the sole use of closed-ended questioning techniques.

The questionnaire was piloted prior to its use in the research study. The pilot test group consisted of five inactive nurses representative of the sample with the exception that three individuals were not registered with the AARN at the time the pilot test was carried out. The questionnaire with a cover letter (Appendix E) was mailed to these individuals. Feedback was received from all five subjects. The feedback was used to improve the quality of the questionnaire and to promote content validity.

The validity of the questionnaire was also enhanced by other methods. A question asking the respondent whether or not they were interested in returning to nursing was included as well as a cover letter assuring them that participation was voluntary and anonymous. More valid responses may be obtained from respondents interested in the topic as well as a greater truthfulness if respondents remain anonymous (Ary, Jacobs, & Razavieh, 1990). The cover letter also briefly discussed the purpose of the study and how the findings could be obtained and stated an expected return date.

Collection of the Data

The total number of individuals that were included in the survey were 268. Every individual was sent an envelope package containing a cover letter, a questionnaire, and a stamped addressed envelope to return the questionnaire to the researcher. Each envelope package was number coded to aid in follow-up procedures to increase the response rate. The envelope packages were prepared by the researcher and then delivered to the AARN where they were addressed and mailed on April 4, 1991 to the individuals included in the sample. In the cover letter the researcher requested that the questionnaire be returned by April 22, 1991.

The return rate was greater than the expected 30%. Within four weeks of mailing 155 had been completed and returned for a return rate of approximately 58%. The researcher decided that this return rate was adequate and reminder letters were not distributed. Three phone calls were also received by the researcher. One caller requested assistance in completing Part four of the questionnaire. The two other callers requested more information regarding the utility of the study and both also wanted to verbally express concerns regarding the need to take a refresher course.

Organization of the Data

Once the questionnaires were returned each one was identified by a numerical label only thereby ensuring confidentiality. Each questionnaire item had been previously coded for statistical analysis. The questionnaires were then analyzed using the Statistical Package for the Social Sciences (SSPSx). The data received were organized and grouped according to the five research questions regarding the barriers to re-entering nursing and the personal and professional learning needs of re-entry nurses.

Analysis of the Data

Both quantitative and qualitative data were obtained in this descriptive survey study. The majority of the data were quantitative. The data obtained regarding demographic characteristics, educational background, and career patterns were nominal and ratio in nature. The closed-ended responses from the questions regarding the barriers to re-entry and the learning needs which utilized a Likert scale yielded ordinal data. The data obtained from the open-ended responses and open comments were qualitative in nature.

Quantitative data obtained were summarized and reported by frequency and percentage distribution. The data were analyzed using descriptive and inferential statistics. Measures of central tendancy and variability were utilized and additional findings were achieved through data analysis using the t-test, one-way analysis of variance and the Scheffe test. The qualitative data in the form of open-ended responses and comments were analyzed according to themes and frequency of responses.

Reporting of the Information

This study was directed to nurse educators interested in the development and/or improvement of nursing refresher programs or others who may be interested in conducting a similar research study. Copies of the thesis will be made available to the libraries of the Alberta Association of Registered Nurses and the University of Alberta as well as to the thesis committee members.

Timeline

A timeline is included which outlines the schedule followed for this research study (Appendix G).

Ethical Considerations

Ethical approval of this study was obtained from the University of Alberta Department of Adult, Career and Technology Education. In addition, access to the population from the AARN was approved by the AARN (see Appendix H). A covering letter was distributed to all subjects outlining the purpose of the study, including a statement that participation in the study was voluntary and anonymous. Questionnaires were identifiable by number only and analysis was concerned with the use of pooled data rather than individual responses. The AARN addressed and distributed the questionnaires to the subjects by mail. The researcher did not have access to the names of the subjects. The study was not seen by the researcher to be threatening to the participants.

Summary

The goal of this study was to determine the barriers to re-entering nursing and the professional learning needs of re-entry nurses with the intention of making some recommendations for the development and/or improvement of nursing refresher programs in Alberta. A descriptive survey method was employed utilizing a questionnaire to obtain data for the study. A sample of 268 inactive nurses were surveyed of which 155 responded equaling a 58% response rate. The components of the questionnaire were reveiwed as well as was the method of data collection. The data was organized according to the five research questions stated in this study. The analysis of the data was done through the use of descriptive and inferential statistics. Lastly ethical considerations were addressed.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA ANALYSIS

The purpose of this study was to identify the barriers to re-entry to nursing and the personal and professional learning needs of re-entry nurses, as perceived by inactive nurses in Alberta. Answers to the following research questions were sought:

1. What are the barriers to re-entry to the nursing profession as perceived by inactive nurses in Alberta?
2. What are the personal learning needs of re-entry nurses as perceived by inactive nurses in Alberta?
3. What is the professional knowledge that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?
4. What are the professional skills that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?
5. What are aspects of professional behavior that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?

A descriptive survey method was chosen to collect data utilizing a questionnaire as the instrument. A sample of 268 inactive nurses were surveyed and 155 questionnaires were returned for a response rate of 58%. The analysis of the data was largely done through the use of descriptive statistics. Some of the data were then analyzed according to themes and frequency of responses.

In this chapter the results of the data analysis are presented along with a discussion and summary of the findings. It begins with a description of the respondents with regard to their demographic characteristics, their educational backgrounds, and their career patterns. The results of the data analysis are then presented and discussed with respect to the five research questions. Lastly additional findings are included. It is important to note at this point that not all 155 respondents completed the questionnaire entirely. Approximately twenty of the 155 respondents did leave portions of the questionnaire blank largely because they were not interested in returning to nursing.

Description of the Respondents

In this section the results of the data analysis are reported and discussed regarding the inactive nurses' demographic characteristics, their educational background, and their career patterns.

Demographic characteristics. Tables 1 through 4 show the frequency distribution of the responses to the demographic questions.

A large majority of the inactive nurses (83.2%) were between the ages of 30 and 49 years. A small group (15.5%) were 50-59 years of age and only (1.3%) were between 20-29 years of age (see Table 1).

Table 1

Age of Inactive Nurses (n=155)

Age	Frequency	%
20-29	2	1.3
30-39	55	35.5
40-49	74	47.7
50-59	24	15.5
Total	155	100.0

M = 2.774 SD = .717

The majority of inactive nurses had children (86.1%), of which 69% had fewer than four children. Only 13.8% did not have any children (see Table 2). The age of the youngest child was quite evenly distributed between the ages of 0 and 19 years (see Table 3).

Table 2

Number of Children (n=152)

Number	Frequency	%
none	21	13.8
1-3	106	69.7
4 or more	25	16.5
Total	152	100.0

M = 2.026 SD = .551

Table 3

Age of Youngest Child (n=153)

Age	Frequency	%
no children	21	13.7
0-5 yrs	36	23.5
6-12 yrs	43	28.2
13-19 yrs	34	22.2
over 20 yrs	19	12.4
Total	153	100.0

M = 2.961 SD = 1.229

Almost all (94.1%) of the inactive nurses were or had been married (see Table 4).

Table 4

Family Status (n=155)

Status	Frequency	%
married	139	89.7
single	7	4.5
divorced/separated	6	3.9
other	2	1.3
widowed	1	.6
Total	155	100.0

M = 1.194 SD = .656

Educational background. Tables 5 through 7 show the frequency distribution of the responses to the questions requesting information about the inactive nurses' educational background.

For a large majority of the inactive nurses a diploma in nursing was the highest level of completed education (74.2%). Fourteen point two percent of them had a Baccalaureate Degree in nursing. Two of the inactive nurses had completed a Master's Degree in Nursing and the remaining had degrees in other fields (see Table 5).

Table 5

Highest Level of Completed Education (n=155)

Highest level	Frequency	%
Diploma in nursing	115	74.2
Baccalaureate Degree, nursing	22	14.2
Master's Degree, other	7	4.5
Other	6	3.9
Baccalaureate Degree, other	3	1.9
Master's Degree, nursing	2	1.3
Total	155	100.0

M = 1.594 SD = 1.298

In open comments, several nurses specified other degrees and diplomas that they had completed. These included university degrees unrelated to nursing such as Education, Arts, and Law.

Ten inactive nurses specified post-graduate diplomas earned in Midwifery, Public Health, Psychiatry, Operating Room Nursing, Extended Care Nursing and Nursing Administration.

More inactive nurses (88.4%) had not attended any nursing education programs during their absence from nursing (see Table 6).

Table 6

Attended Nursing Educational Programs During Absence from Nursing

(n=155)

Attendance	Frequency	%
yes	18	11.6
no	137	88.4
Total	155	100.0

M = 1.884 SD = .321

The ones who did attend nursing education programs during their absence from nursing specified programs they were involved in. Many programs listed were post-graduate nursing courses, university courses, or conferences and workshops. Four inactive nurses stated they were presently enrolled in a Nursing Refresher Program. Eight inactive nurses had updated their CardioPulmonary Resuscitation and First Aid skills.

Attendance of nonnursing educational programs differed then that of nursing educational programs. About half of the inactive nurses stated they had been involved in nonnursing educational programs during their absence from nursing (see Table 7).

Table 7

Attended Nonnursing Educational Programs

During Absence from Nursing n=154

Attendance	Frequency	%
yes	86	55.8
no	68	44.2
Total	154	100.0

M = 1.442 SD = .498

The inactive nurses who did attend nonnursing educational programs during their absence from nursing specified the program they attended. The majority of the inactive nurses, approximately 40, had attended personal interest courses such as parenting, cooking, assertiveness, and volunteer related courses. Many respondents (25) stated they attended types of courses such as typing, bookkeeping, accounting and computer courses. Fifteen respondents had attended university level courses and 16 respondents stated they had been involved in work-related courses.

Career patterns. A majority of the inactive nruses (72.7%) who responded to the questionnaire had actively worked as a nurse between 1-10 years. Some of the inactive nurses had actively worked for less than 1 year or more than 20 years (see Table 8).

Table 8

Length of Time Actively Worked as a Nurse (n=154)

Time	Frequency	%
less than 1 year	6	3.9
1-10 years	112	72.7
11-19 years	30	19.5
20 years or more	6	3.9
Total	154	100.0

M = 2.234 SD = .581

How long since the respondents had last been employed as a nurse was also an area of investigation. The majority of respondents (60.4%) had been last employed as a nurse between 6 and 15 years. Some respondents had been last employed as a nurse between 0 and 5 years ago (16.8%) and 16 and 20 years ago (16.8%). Only a few (7.1%) had been last employed 21 years ago or more (see Table 9).

Table 9

Length of Time Since Employed as a Nurse (n=154)

Time away	Frequency	%
0-5 years	25	16.2
6-10 years	51	33.1
11-15 years	42	27.3
16-20 years	25	16.2
21 years or more	11	7.1

Total	154	100.0

M = 2.649 SD = 1.146

Most of the respondents (67.5%) had been employed the longest as a nurse in an acute care setting. Only a few of the inactive nurses had been employed the longest in other settings (see Table 10).

Table 10

Setting Where Employed Longest (n=154)

Setting	Frequency	%
Acute care	104	67.5
Community setting	16	10.4
Other setting	14	9.1
Long-term care	10	6.5
Educational setting	5	3.2
Ambulatory care	3	1.9
Psychiatric	2	1.3
Total	154	100.0

M = 2.273 SD = 2.109

The other settings were specified by the respondents and included settings such as clinics, and community settings. Two respondents did not work since they graduated from nursing school. Some respondents stated that they had worked as midwives.

In keeping with the setting that the respondents were employed in the longest the position most often held by the inactive nurses before they left nursing was as a staff nurse. Some of the others held positions in administration, education, public health, office nurse, home-care nurse, and occupational health nurse (see Table 11).

Table 11

Position Held Before Left Nursing (n=153)

Position	Frequency	%
staff nurse	97	63.4
other	18	11.8
public health	12	7.8
office nurse	10	6.5
administration	9	5.9
education	7	4.6
Total	153	100.0

M = 2.235 SD = 1.852

The respondents were asked to choose from three alternatives regarding their interest in returning to nursing or not, or in returning to another field of work. The choices were split fairly evenly between those who were not interested in returning to nursing (47.2%). A few (7.6%) were interested in returning to another field of work (see Table 12).

Table 12

Interest in Returning to Nursing (n= 144)

Interest	Frequency	%
Not interested in returning to nursing	68	47.2
Interested in returning to nursing	65	45.1
Return to a nonnursing field	11	7.6
Total	144	100.0

M = 1.625 SD = .624

Those who were not interested in returning to nursing were asked to explain why. Several different reasons were given explaining why they were not interested in returning to nursing. Most of the reasons (32) were related to being satisfactorily employed in another field of work. Twenty-seven of the reasons listed pertained to discontentment with nursing. These reasons were about the respondents' dislikes of shift work and unmanageable high patient loads. Family and home responsibilities were listed 20 times as being the reason respondents were not interested in returning to nursing. Nine respondents could not return to nursing due to health reasons. Six respondents were undecided as to whether they wanted to return to nursing. Three respondents stated they didn't have enough confidence in themselves as a nurse to return to the profession. One inactive nurse would not return to nursing as she didn't have enough money to take the refresher nursing program required to return to nursing.

Those inactive nurses who said they were interested in returning to another field of work were asked to specify the field of work they were interested in. The responses were quite evenly distributed among fields of work related to teaching, business, volunteering, and health care other than nursing.

The respondents were asked to choose which setting they would like to return to most. The setting most frequently chosen, 35.6% of the time, was the acute care setting. The second most frequently chosen setting was the community at 26.7% of the time. The other settings were less frequently chosen (see Table 13).

Table 13

Setting of Choice to Return To (n=101)

Setting	Frequency	%
Acute care	36	35.6
Community setting	27	26.7
Other	11	10.9
Long-term care	10	9.9
Educational setting	8	7.9
Ambulatory care	7	6.9
Psychiatry	2	2.0
Total	101	100.0

M = 3.465 SD = 2.225

Of all respondents who chose "other" they specified other settings not listed such as home care, occupational health, administration, and holistic care settings.

To this point a description of the respondents has been provided based on data gathered regarding the inactive nurses demographic characteristics, educational backgrounds, and career patterns. In summary and to gain a clearer picture, the more salient descriptors of the group of inactive nurses who responded to the questionnaire have been reorganized and illustrated in figures 1 through 12 (see Appendix I).

It is interesting to note that the characteristics of the inactive nurses who responded to this questionnaire are similar to the characteristics of re-entry nurses as described in the literature reviewed for this study. Re-entry nurses are mostly women between the ages of 25 and 55 years, the majority being between 35 and 44 years of age (Moore & Thurston, 1983). The group of inactive nurses involved in this study were generally (83.2%) found to be between the ages of 30-49 years of age (see figure I). The literature also states that the majority of re-entry nurses have children and are or were homemakers. This study discovered that the inactive nurses involved were almost all married with children (see figures 2 & 3). Information on their present employment status other than in nursing was not an area of investigation.

Re-entry nurses as described in the literature are mostly diploma graduates and the majority had worked as staff nurses. The inactive group of nurses in this study were also mostly diploma graduates (see Figure 4) and the majority worked also as staff nurses prior to leaving nursing (see figure 11). Thus, the general profile of the group of inactive nurses in this study is in keeping with the general profile of re-entry nurses as supported by the literature.

Barriers to Re-entry to Nursing

The first research question dealt with barriers to nursing re-entry as perceived by inactive nurses in Alberta. Identified barriers to nursing re-entry were listed and the respondents were asked to rate each item as to how much of a barrier it would be if they were to consider returning to nursing. The respondents rated each item as a "great barrier", a "slight barrier", or "not a barrier". The following presents and discusses the results of the data analysis regarding the first research question.

The following tables (Tables 14 through 17) present the potential barriers identified in the questionnaire in rank order as to how much of a barrier each item was as perceived by the respondents.

Table 14 presents the items found to be a great barrier to nursing re-entry in rank order from the item most often chosen as a great barrier.

Table 14

Great Barriers to Nursing Re-entry n=145-152)

Rank	Barrier	Frequency	%
1	Home/family responsibilities	65	43.6
2	Outdated nursing knowledge	65	42.8
3	Lack of technical skills	44	29.5

4	Poor working conditions	37	25.5
5	Type of refresher program available	37	25.2
6	Limited job opportunities	30	20.5
7	Lack of satisfaction from working as a nurse	28	18.7
8	Lack of confidence	25	16.7
9	Lack of financial assistance	21	14.2
10	Physical health	13	8.6
11	Lack of support from employed nurses	12	8.2
12	Inadequate salary/benefits	12	8.1
13	Cultural values regarding the woman's role	10	6.8

The two items most often found to be great barriers to re-entry to nursing by the respondents were home and family responsibilities and outdated nursing knowledge. These barriers were seen to be great barriers by less than half of the respondents.

Between 20 and 30% of the respondents found four other items to be great barriers to nursing re-entry. The items were lack of technical skills (27.5%), poor working conditions in nursing (25.5%), type of nursing refresher program available (25.2%), and limited job opportunities (20.5%).

Under 20% of the respondents found the rest of the items to be great barriers to re-entry to nursing. These included lack of satisfaction from working as a nurse (18.7%), lack of confidence (16.7%), lack of physical health (8.6%), lack of support from employed nurses (8.2%), inadequate salary and benefits in nursing (8.1%), and cultural values regarding the woman's role (6.8%).

Table 15 presents the items found to be a slight barrier to nursing re-entry in rank order from the item most often chosen as a slight barrier to the item least often chosen as a slight barrier.

Table 15

Slight Barriers to Nursing Re-entry (n=145-152)

Rank	Barrier	Frequency	%
1	Lack of technical skills	77	51.7
2	Outdated nursing knowledge	72	47.4
3	Limited job opportunities	68	46.6
4	Lack of confidence	57	38.0
5	Home/family responsibilities	53	35.6
6	Type of refresher program available	47	32.0
7	Lack of satisfaction from working as a nurse	36	24.0
8	Poor working conditions	34	23.4
9	Inadequate salary/benefits	33	22.1
10	Lack of financial assistance	32	21.6
11	Lack of support from employed nurses	30	20.5
12	Physical health	29	19.1
13	Cultural values regarding the woman's role	16	10.8

About half of the respondents found three items to be slight barriers to nursing re-entry. These items included lack of technical skills (51.7%), outdated nursing knowledge (47.4%), and limited job opportunities in nursing (46.6%).

About one third of the respondents found another three items to be slight barriers to nursing re-entry. These items included lack of confidence (38.0%), home and family responsibilities (35.6%), and type of nursing refresher program available (32.0%).

Under 25 percent of the respondents found the remaining items to be slight barriers to nursing re-entry. These items included: lack of satisfaction from working as a nurse (24.0%), poor working conditions in nursing (22.1%), lack of financial assistance to return to nursing (21.6%), lack of support from employed nurses (20.5%), poor physical health (19.1%), and cultural values regarding the woman's role (10.8%).

Table 16 presents the barriers found not to be barriers to nursing re-entry in rank order from the item most often chosen not to be a barrier to the item least often chosen not to be a barrier.

Table 16

Non Barriers to Nursing Re-entry (n=145-152)

Rank	Non Barrier	Frequency	%
1	Cultural values regarding the woman's role	122	82.4
2	Physical health	110	72.4
3	Lack of support from employed nurses	104	71.2
4	Inadequate salary/benefits	104	69.8
5	Lack of financial assistance	95	64.2
6	Lack of satisfaction from being a nurse	86	57.3
7	Poor working conditions	74	51.0
8	Lack of confidence	68	45.3

9	Type of refresher program available	63	42.9
10	Limited job opportunities	48	32.9
11	Home/family responsibilities	31	20.8
12	Lack of technical skills	28	18.8
13	Outdated nursing knowledge	15	9.9

A majority of the respondents did not find five of the potential barriers to nursing re-entry to be barriers at all. These potential barriers included the cultural values regarding the woman's role (82.4%), poor physical health (72.3%), lack of support from employed nurses (71.2%), inadequate salary and benefits in nursing (69.8%), and lack of financial assistance to return to nursing (64.2%).

About one half of the respondents did not find four potential barriers to be barriers. These potential barriers were lack of satisfaction from working as a nurse (57.3%), poor working conditions in nursing (51.0%), lack of confidence (45.3%), and type of refresher program available (42.9%).

Less than one third of the respondents found four of the potential barriers not to be barriers at all. These included limited job opportunities (32.9%), home and family responsibilities (20.8%), and lack of technical skills (18.8%). Only 9.9% of the respondents found outdated nursing knowledge not to be a barrier.

For a more general overview of the barriers to re-entry to nursing the following table is provided. Table 17 is a condensed version of the data regarding the barriers. The barriers are listed in rank order from the item most often chosen an a barrier, whether a great barrier or a slight barrier, to the item least often chosen as a great or slight barrier. The means and standard deviations of the data are included.

Table 17

Barriers to Nursing Re-entry (n=145-152)

Rank	Barrier	Frequency	%	M	SD
1	Outdated nursing knowledge	137	90.2	2.33	.65
2	Lack of technical skills	121	81.2	2.10	.69
3	Home/family responsibilities	118	79.2	2.23	.77
4	Limited job opportunities	98	67.1	1.88	.72
5	Type of refresher program available	84	57.2	1.82	.81
6	Lack of confidence	82	54.7	1.71	.74
7	Poor working conditions	71	48.9	1.74	.84
8	Lack of satisfaction	64	42.7	1.61	.78
9	Lack of financial assistance	53	35.8	1.50	.73
10	Inadequate salary/benefits	45	30.2	1.38	.63
11	Lack of support from employed nurses	42	28.7	1.37	.63
12	Physical health	42	27.7	1.36	.64
13	Cultural values regarding the woman's role	26	17.6	1.24	.57

Note: M = mean SD = standard deviation

The items found to be barriers (great or slight) by the vast majority of the respondents were, outdated nursing knowledge (90.2%), lack of technical skills (81.2%), home and family responsibilities (79.2%), and limited job opportunities in nursing (67.1%).

The items found to be barriers (great or slight) by about half of the respondents were the type of nursing refresher program offered (57.2%), lack of confidence (54.7%), poor working conditions (48.9%), and lack of satisfaction from working as a nurse (42.7%).

The items found to be barriers (great or slight) by about one third of the respondents were lack of financial assistance to return to nursing (35.8%), inadequate salaries and benefits in nursing (30.2%), lack of support from employed nurses (28.7%), and poor physical health (27.7%).

The item found least to be a barrier (great or slight) to return to nursing were the cultural values regarding the woman's role (17.6%).

An all inclusive presentation of the results of the data analysis as discussed in this section is provided in Table 18. The potential barriers to nursing re-entry along with the percentages of respondents who rated each item as a great barrier, a slight barrier, or not a barrier is included. The means and standard deviations of each item are included (see Table 18).

Table 18

Barriers to Nursing Re-entry as Perceived by Inactive Nurses in Alberta (n=145-152)

Barriers	Great Barrier %	Slight Barrier %	Not a Barrier %	M	SD
Home/family responsiblilties	43.6	35.6	20.8	2.23	.77
Outdated nursing knowledge	42.8	47.4	9.9	2.34	.65
Lack of technical skills	29.5	51.7	18.8	2.11	.69
Poor working conditions	25.5	23.4	51.0	1.75	.84
Type of refresher program available	25.2	32.0	42.9	1.82	.81
Limited job opportunities	20.5	46.6	32.9	1.88	.72
Lack of satisfaction from working as a nurse	18.7	24.0	57.3	1.61	.78
Lack of confidence	16.7	38.0	45.3	1.71	.74
Lack of financial assistance	14.2	21.6	64.2	1.50	.73
Physical health	8.6	19.1	72.4	1.36	.64
Lack of support from employed nurses	8.2	20.5	71.2	1.37	.63
Inadequate salary/benefits	8.1	22.1	69.8	1.38	.63
Cultural values regarding the woman's role	6.8	10.8	82.4	1.24	.57

Note: M = mean SD = standard deviation

Comments and Additional Barriers to Re-entry. Many respondents commented on the items they identified as being barriers to re-entry to nursing. Some other barriers to re-entry to nursing were also added by the respondents. The following discusses the results of the analysis of this qualitative data.

Most of the comments relating to barriers to re-entry to nursing were job related. Negative comments about working as a nurse in the hospital setting were identified fourteen times. The respondents identified their concern with the lack of support and respect from doctors, administrative personnel, and other health care team members including fellow nurses. Some of the comments related to the lack of satisfaction from working as a nurse due to the shortage of staff, the increase in paper work, and decreased focus on patient centered care.

Many comments (13) made by the respondents related to home and family responsibilities. Four respondents stated that "family comes first". Three others stated "I had to stay home for family stability". The other comments were all related to the time consuming aspects of home and family responsibilities. Nine respondents made negative comments regarding the nursing refresher program available in Alberta. Some stated that the expectations were too high, that the course content was not suitable for their nursing career goals, and that the course was not individualized to the re-entry nurse's educational needs. The remaining six comments related to lack of financial support (3), and lack of confidence to return to nursing (3).

Some additional items were identified as barriers to nursing re-entry by the respondents. Five respondents discussed job related barriers such as lack of respect from the health care team, lack of support from administration, inability to work inflexible hours, and that nurses were overworked due to hospital cutbacks. Two respondents stated that refresher course available created barriers to re-entry. Both stated the refresher course did not meet their needs to return to public health nursing. Four

respondents stated that where they lived, in rural settings, made returning to nursing inaccessible to them.

Personal Learning Needs

The second research question dealt with personal learning needs of re-entry nurses as perceived by inactive nurses in Alberta. Personal learning needs that were considered to be important for re-entry nurses to meet to learn effectively were listed. The respondents rated each item as to how important a learning need they perceived it to be. The respondents rated each item "of great importance", "important", or "not important". The following presents and discusses the results of the data analysis regarding the second research question.

Table 19 presents the personal learning needs of re-entry nurses perceived by inactive nurses to be of great importance in rank order from the need chosen by most respondents to be of great importance to the need chosen by the fewest respondents to be of great importance.

Table 19

Personal Learning Needs of Great Importance (n=132-135)

Rank	Need	Frequency	%
1	Have home/family responsibilities recognized	72	53.3
2	Learn in a caring environment	70	53.0
3	Have instructor feedback	59	43.7
4	Develop self-confidence	52	38.5
5	Progress at my own rate	52	38.5
6	Have instructor supervision	51	37.8
7	Learn on my own	46	34.3
8	Develop my ability to manage stress	43	32.1
9	Have peer support	39	28.9
10	Have individual learning needs recognized	34	25.2
11	Develop organizational/time management skills	33	24.6
12	Develop study skills	31	23.0
13	Learn with peers in class	29	21.5
14	Have financial support	27	20.1
15	Improve self esteem	25	18.7
16	Learn how to set goals	24	17.8
17	Express own learning needs	23	17.0

18	Identify own learning needs	23	17.0
19	Learn to be more assertive	22	16.3
20	Develop writing skills	18	13.3

Approximately one half of the respondents found three personal learning needs to be of great importance to re-entry nurses. These included the need to have various family and/or work responsibilities recognized as being important even if they competed with learning (53.3%), the need to learn in a caring environment (53.0%), and the need to have instructor feedback (43.7%).

Six other personal learning needs were found to be of great importance by about one-third of the respondents. They included the need to develop self-confidence (38.5%), progress at own rate (38.5%), have instructor supervision (37.8%), learn on my own (34.3%), develop ability to manage stress (32.1%), and have peer support (28.9%).

About a quarter of the respondents found three personal needs to be of great importance. Approximately twenty-five percent of the respondents felt it was very important to have individual learning needs recognized. The need to develop organizational and time management skills was very important to 24.6% of the respondents and the need to develop study skills by 23.0% of the respondents.

The remaining eight personal learning needs were found to be of great importance to re-entry nurses by less than 22 percent of the respondents. These needs included the need to learn with peers in class (21.5%), to have financial support (20.1%), to improve self esteem (18.7%), to learn how to set goals (17.8%), to identify and express own learning needs (17.0%), to learn to be more assertive (16.3%), and to develop writing skills (13.3%).

Table 20

Personal Learning Needs Rated to be Important (n=132-135)

Rank	Need	Frequency	%
1	Express my own learning needs	78	57.8
2	Have individual learning needs recognized	78	57.8
3	Identify own learning needs	74	54.8
4	Progress at my own rate	72	53.3
5	Develop study skills	71	52.6
6	Have instructor supervision	68	50.4
7	Have instructor feedback	66	48.9
8	Have peer support	63	46.7
9	Develop my ability to manage stress	62	46.3
10	Learn with peers in class	61	45.2
11	Learn to be more assertive	61	45.2
12	Learn how to set goals	60	44.4
13	Develop writing skills	57	42.2
14	Learn on my own	56	41.8
15	Improve self esteem	56	41.8

16	Develop organizational/time management skills	55	41.0
17	Develop self confidence	54	40.0
18	Learn in a caring environment	52	39.4
19	Have my responsibilities recognized	51	38.5
20	Have financial support	45	33.6

All of the personal learning needs of re-entry nurses were found to be important by over half to one-third of the respondents. Over half found the following needs to be important: the need to express own learning needs and to have individual learning needs recognized (57.8%), the need to identify own learning needs (54.8%), to develop study skills (52.6%), to progress at own rate (53.3%), and to have instructor supervision (50.4%). The remaining personal needs were found to be important by between 48.9 percent and 33.6 percent of the respondents (see Table 20).

Table 21 lists the personal learning needs in rank order from the need found by respondents to be "not important".

Table 21

Personal Learning Needs Rated Not to be Important (n=132-135)

Rank	Need	Frequency	%
1	Have financial support	62	46.3
2	Develop writing skills	60	44.4

3	Improve self esteem	53	39.6
4	Learn to be more assertive	52	38.5
5	Learn how to set goals	51	37.8
6	Develop organizational/time management skills	46	34.3
7	Learn with peers in class	45	33.3
8	Identify own learning needs	38	28.1
9	Express own learning needs	34	25.2
10	Develop study skills	33	24.4
11	Have peer support	33	24.4
12	Learn on my own	32	23.9
13	Develop ability to manage stress	29	21.5
14	Develop self-confidence	29	21.5
15	Have individual learning needs recognized	23	17.0
16	Have instructor supervision	16	11.9
17	Progress at my own rate	11	8.1
18	Have my home/family responsibilities recognized	11	8.1
19	Learn in a caring environment	10	7.6
20	Have instructor feedback	10	7.4

None of the personal learning needs of re-entry nurses were found to be not important by the majority of the respondents. The needs found most often not to be important were the need for financial support (46.3%), to develop writing skills (44.4%), to improve self esteem (39.6%), learn to be more assertive (38.5%), and to learn how to set goals (37.8%).

About one-third of the respondents found the need to learn with peers in class and to develop organizational and time management skills not to be important to re-entry nurses. About one quarter of the respondents found the need to learn on own, to have peer support, to develop study skills, to identify and express own learning needs not to be important to re-entry nurses. The remaning personal learning needs were found not to be important by less than 22 percent of the respondents (see table 21).

For a more general overview of the data the following table is provided. Table 22 is a condensed version of the data regarding the importance of the personal learning needs to re-entry nurses as perceived by inactive nurses. The needs are listed in rank order from that need found to be of "great importance" or "important" most often to that need found to be of "great importance" or "important" least often. The means and the standard deviations of the data are also included.

Table 22

Personal Learning Needs of Great Importance or Important for Nursing Re-entry (n=132-135)

Rank	Need	Frequency	%	M	SD
1	Have instructor feedback	125	92.6	2.36	.62
2	Learn in a caring environment	122	92.4	2.46	.63
3	Have home/family responsibilities recognized	124	91.8	2.45	.64

4	Progress at my own rate	124	91.8	2.30	.61
5	Have instructor supervision	119	88.2	2.26	.66
6	Have individual learning needs recognized	112	83.0	2.08	.65
7	Develop self-confidence	106	78.5	2.17	.76
8	Develop ability to manage stress	105	78.4	2.10	.73
9	Learn on my own	102	76.1	2.10	.76
10	Have peer support	102	75.6	2.04	.73
11	Develop study skills	101	75.6	1.99	.69
12	Express own learning needs	101	74.8	1.92	.65
13	Identify own learning needs	97	71.8	1.89	.67
14	Learn with peers in class	90	66.7	1.88	.73
15	Develop organizational/time management skills	88	65.6	1.90	.77
16	Learn how to set goals	84	62.2	1.80	.72
17	Learn to be more assertive	83	61.5	1.78	.71
18	Improve self esteem	81	60.5	1.79	.74
19	Develop writing skills	75	55.5	1.69	.70
20	Have financial support	72	53.7	1.74	.78

Note: M = mean SD = Standard deviation

In summary, most of the personal learning needs of re-entry nurses were found to be of great importance or important by a large majority of the inactive nurses who responded to the questionnaire. Five of the 20 needs were found to be of great importance or important by a little more than half of the respondents. Thus, all of the personal learning needs were found to be of great importance or important by over half of the respondents.

An all inclusive presentation of the results of the data analysis as discussed in this section is provided in Table 23. The personal learning needs along with the percentages of respondents who rated each need as being "of great importance", "important", or "not important" are included. The means and standard deviations of each need are also included (see Table 23).

Comments regarding personal learning needs. Some written comments were offered by some of the respondents regarding the personal learning needs. Four respondents stated that learning by correspondence was important to them at the present time due to home and family responsibilities. Three respondents expressed the importance of peer support in a learning setting. Two comments were made regarding the importance of learning at one's own rate. Two respondents expressed the importance of the availability of instructor feedback as required. One respondent stated she would like to be assessed on an individual basis to see if she was "capable" to return to nursing. One respondent stated she could not learn by correspondence and would benefit most from a classroom setting. She stated it would "increase by motivation".

Table 23

The Importance of Personal Learning Needs for Nursing Re-entry

as Perceived by Inactive Nurses in Alberta (n=132-135)

Need	Group			M	SD
	A (%)	B (%)	C (%)		
Have home/family responsibilities recognized	53.3	38.5	8.1	2.36	.62
Learn in a caring environment	53.0	39.4	7.6	2.46	.63
Have instructor feedback	43.7	48.9	7.4	2.45	.64
Develop self-confidence	38.5	40.0	21.5	2.30	.61
Progress at my own rate	38.5	53.3	8.1	2.26	.66
Have instructor supervision	37.8	50.4	11.9	2.08	.65
Learn on own	34.3	41.8	23.9	2.17	.76
Develop ability to manage stress	32.1	46.3	21.6	2.10	.73
Have peer support	28.9	46.7	24.4	2.10	.76
Have individual learning needs recognized	25.2	57.8	17.0	2.04	.73
Develop organizational/time management skills	24.6	41.0	34.3	1.99	.69

Table 23, continued

	Group			M	SD
	A (%)	B (%)	C (%)		
Develop study skills	23.0	52.6	24.4	1.92	.65
Learn with peers in class	21.5	45.2	33.3	1.89	.67
Have financial support	20.1	33.6	46.3	1.88	.73
Improve self esteem	18.7	41.8	39.6	1.90	.77
Learn how to set goals	17.8	44.4	37.8	1.80	.72
Express own learning needs	17.0	57.8	25.2	1.78	.71
Identify own learning needs	17.0	54.8	28.1	1.79	.74
Learn to be more assertive	16.3	45.2	38.5	1.69	.70
Develop writing skills	13.3	42.2	44.4	1.74	.78

Note: Group A = percentage of respondents rating needs to be of great importance

Group B = percentage of respondents rating needs to be important

Group C = percentage of respondents rating needs to be not important

M = mean of all groups SD = standard deviation of all groups

Professional Learning Needs - Nursing Knowledge

The third research question dealt with the professional knowledge that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta. Professional knowledge areas that were considered important for nurses to possess were listed. The respondents were to rate each item as to how important a learning need they perceived it to be if they were to consider returning to nursing. The respondents rated each item as being "of great importance", "important", or "not important". The results of the data analysis are as follows.

Table 24 presents areas of professional nursing knowledge perceived by inactive nurses to be of great importance in rank order from the area of knowledge chosen by most respondents to be of great importance to the area of knowledge chosen by fewest respondents to be of great importance.

Table 24

Nursing Knowledge of Great Importance (n=133-136)

Rank	Knowledge Areas	Frequency	%
1	Current diagnostic and therapeutic nursing care	109	80.7
2	Significance of diagnostic and laboratory findings	77	57.0
3	Pharmacological aspects of nursing	77	57.0
4	Pathophysiology underlying patients' health problems	66	49.3

5	Medical and surgical care	63	46.7
6	Changes within the health care system	59	43.7
7	Common emergencies/first aid	57	42.9
8	Current modes of therapy from other health care professionals	57	42.5
9	Ethical concerns facing nurses today	56	41.5
10	Health risks of nursing	54	40.0
11	Role of patient educaiton	53	39.6
12	Current professional roles and responsibilities of nurses	52	38.5
13	Anatomy and physiology	51	38.1
14	Pediatrics	51	37.8
15	Psychosocial needs of patients	51	37.8
16	Community health care	50	37.6
17	Obstetrics	50	37.0
18	Legal aspects of nursing	48	35.6
19	Physical needs of patients	48	35.6
20	Nursing process	43	32.1
21	Psychiatry	42	31.1
22	Geriatrics	40	29.6
23	Role of research in patient care	23	17.2

Knowledge regarding current diagnostic and therapeutic nursing care was the only area considered to be of great importance to update by a large majority of the inactive nurses who responded to the questionnaire (80.7%). Slightly over half (57%) of the respondents found two areas of nursing knowledge of great importance to update. These included "the significance of laboratory and diagnostic findings". and "pharmacological aspects of nursing care".

Between 40 and 50 percent of the respondents found seven other areas of nursing knowledge to be of great importance for them to update if they were to consider returning to nursing. These included the "pathophysiology underlying patients' health probelms" (49.3%), "medical and surgical care" (46.7%), "changes within the health care system" (43.7%), "common emergencies and/or first aid" (42.9%), "current modes of therapy from other health care professionals" (42.5%). "ehtical concerns facing nurses today" (41.5%), and "health risks to nurses" (40.0%).

Between 29.6 and 39.6 percent of the respondents found the remaining twelve areas of nursing knowledge except one, to be of great importance to them to update if they were to consider returning to nursing (see table 24). One area of nursing knowledge was considered to be of great importance to very few respondents. The "role of research in patient care" was considered to be very important for re-entry nurses to update their knowledge of by only 17.2% of the respondents.

Table 25 presents the areas of professional nursing knowledge perceived by inactive nurses to be "important" in rank order from the area of knowledge chosen by most to be important to the area of knowledge chosen by fewest to be important.

Table 25

Nursing Knowledge Rated to be Important (n=133-136)

Rank	Nursing Knowledge	Frequency	%
1	Current professional roles and responsibilities of nurses	75	55.6
2	Nursing process	71	53.0
3	Anatomy and Physiology	70	52.2
4	Geriatrics	70	51.9
5	Legal Aspects of nursing	68	50.4
6	Pediatrics	67	49.6
7	Role of patient education	65	48.5
8	Obstetrics	65	48.1
9	Changes within the health care system	65	48.1
10	Community health care	64	48.1
11	Role of research in patient care	64	47.8
12	Health risks of nursing	63	46.7
13	Current modes of therapy from other health care professionals	62	46.3
14	Pathophysiology underlying patients' health problems	62	46.3
15	Medical and surgical care	62	45.9
16	Ethical concerns facing nurses today	61	45.2
17	Physical needs of patients	60	44.4
18	Psychiatry	59	43.7
19	Common emergencies/first aid	58	43.6

20	Psychosocial needs of patients	57	42.2
21	Pharmacological aspects of nursing care	53	39.3
22	Significance of diagnostic and laboratory findings	53	39.3
23	Current diagnostic and therapeutic nursing care	25	18.5

All of the areas of nursing knowledge except one listed in the questionnaire were found to be important by 40 to 56 percent of the respondents (see table 25). The respondents perceived almost all of the knowledge areas important to them to update if they were to consider returning to nursing. Only 18.5 percent of the respondents perceived "current diagnostic and therapeutic nursing care" to be important.

Table 26 lists the areas of nursing knowledge in rank order from the area of knowledge found by most respondents to be "not important" to update if they were to consider returning to nursing to the area of knowledge found by least respondents to be "not important".

Table 26

Nursing Knowledge Rated Not to be Important (n=133-136)

Rank	Nursing Knowledge	Frequency	%
1	Role of research in patient care	47	35.1
2	Psychiatry	34	25.2
3	Physical needs of patients	27	20.0

4	Psychosocial needs of patients	27	20.0
5	Geriatrics	25	18.5
6	Nursing Process	20	14.9
7	Obstetrics	20	14.8
8	Community health care	19	14.3
9	Legal aspects of nursing	19	14.1
10	Common emergencies/first aid	18	13.5
11	Ethical concerns facing nursing today	18	13.3
12	Health risks of nursing	18	13.3
13	Pediatrics	17	12.6
14	Role of patient education	16	11.9
15	Current modes of therapy from other health care professionals	15	11.2
16	Anatomy and Physiology	13	9.7
17	Changes in the health care system	11	8.1
18	Medical and surgical care	10	7.4
19	Current professional roles and responsibilities of nurses	8	5.9
20	Pathophysiology underlying patients' health problems	6	4.5
21	Significance of diagnostic and laboratory findings	5	3.7
22	Pharmacological aspects of nursing care	5	3.7
23	Current diagnostic and therapeutic nursing care	1	.7

The area of knowledge most often found to be "not important" knowledge to update by inactive nurses if they were to return to nursing was "the role of research in patrient care". More than one third, 35.1%, of the respondents found this area of knowledge not to be important to update. The remaining areas of knowledge were found to be "not important" to update by less than 26% of the respondents (see Table 26).

For a general overview of the data regarding the importance of knowledge areas the following table is provided. Table 27 is a condensed version of the data analysis regarding the professional learning needs with respect to knowledge areas perceived by inactive nurses to be of "great importance" or "important" to them to update if they were to return to nursing. The knowledge areas are listed in rank order from the area found by most respondents to be of "great importance" or "important" to the area found by least respondents to be of "great importance" or "important". The means and standard deviations of the data are also included.

Table 27

Nursing Knowledge of Great Importance or Important

for Nursing Re-entry (n=133-136)

Rank	Nursing Knowledge	Frequency	%	M	SD
1	Current diagnostic and therapeutic nursing care	134	99.2	2.80	.42
2	Significance of diagnostic and laboratory findings	130	96.3	2.53	.57
3	Pharmacological aspects of nursing care	130	96.3	2.53	.57

4	Pathophysiology underlying patients' health problems	128	95.6	2.45	.58
5	Current professional roles and responsibilities of nurses	127	94.1	2.33	.58
6	Medical and surgical care	125	92.6	2.39	.62
7	Changes in the health care system	124	91.8	2.36	.63
8	Anatomy and Physiology	121	90.3	2.28	.63
9	Current modes of therapy from other health care professionals	119	88.8	2.31	.67
10	Role of patient education	118	88.1	2.28	.67
11	Pediatrics	118	87.4	2.25	.67
12	Ethical concerns facing nursing today	117	86.7	2.28	.69
13	Health risks of nursing	117	86.7	2.27	.68
14	Common emergencies/first aid	115	86.5	2.29	.69
15	Legal aspects of nursing	116	86.0	2.22	.67
16	Community health care	114	85.7	2.23	.68
17	Obstetrics	115	85.1	2.22	.69
18	Nursing process	114	85.1	2.17	.67
19	Geriatrics	110	81.5	2.11	.69
20	Psychosocial needs of patients	108	80.0	2.18	.74
21	Physical needs of patients	108	80.0	2.16	.73
22	Psychiatry	101	74.8	2.06	.75
23	Role of research in patient care	87	65.0	1.82	.70

Note: M = mean SD = standard deviation

All of the areas of nursing knowledge were found to be "of great importance" or "important" by a large majority of the respondents. The percentage of respondents rating the items as greatly important or important ranged only between 99.2 and 80 percent for almost all the areas of knowledge. The knowledge areas of "psychiatry" and the "role of research in patient care" were rated as greatly important or important by fewer respondents, i.e., 74.8 and 65 percent respectively. The means do not differ greatly nor do the standard deviations which are between .42 and .75.

Table 28 provides a complete presentation of all the data discussed regarding nursing knowledge learning needs. The nursing knowledge areas along with the percentages of respondents who rated each need as being "of great importance", "important", or "not important" are included. The means and standard deviations are also included (see table 28).

Comments regarding professional learning needs - nursing knowledge. Very few respondents volunteered comments regarding the importance of professional knowledge areas to update for nursing re-entry. One respondent discussed the importance of learning about new treatments and health care options for patients. Another respondent stated it would be very important for her to learn about the new equipment utilized in nursing. "Pharmacological aspects of nursing care" was commented on as being an important area of knowledge by one person. One inactive nurse stated that her knowledge needs would depend on where she would work.

Two other knowledge areas were brought forth in the comments.

Table 28

The Importance of Nursing Knowledge for Nursing Re-entry as Perceived by Inactive Nurses in Alberta (n=133-136)

Knowledge Areas	Group			M	SD
	A (%)	B (%)	C (%)		
Current diagnostic and therapeutic nursing care	80.7	18.5	.7	2.80	.42
Significance of diagnostic and laboratory findings	57.0	39.3	3.7	2.53	.57
Pharmacological aspects of nursing care	57.0	39.3	3.7	2.53	.57
Pathophysiology underlying patients' health problems	49.3	46.3	4.5	2.45	.58
Medical and surgical care	46.7	45.9	7.4	2.39	.62
Changes within the health care system	43.7	48.1	8.1	2.36	.63
Common emergencies/first aid	42.9	43.6	13.5	2.29	.69
Current modes of therapy from other health care professionals	42.5	46.3	11.2	2.31	.67

Table 28, continued

Knowledge Areas	Group			M	SD
	A (%)	B (%)	C (%)		
Ethical concerns facing nurses today	41.5	45.2	13.3	2.28	.69
Health risks of nursing	40.0	46.7	13.3	2.27	.68
Role of patient education	39.6	48.5	11.9	2.28	.67
Current professional roles and responsibilities of nurses	38.5	55.6	5.9	2.33	.58
Anatomy and physiology	38.1	52.2	9.7	2.28	.63
Pediatrics	37.8	49.6	12.6	2.25	.67
Psychosocial needs of patients	37.8	42.2	20.0	2.18	.74
Community health care	37.6	48.1	14.3	2.23	.68
Obstetrics	37.0	48.1	14.8	2.22	.69
Legal aspects of nursing	35.6	50.4	14.1	2.22	.67
Physical needs of patients	35.6	44.4	20.0	2.16	.73

Table 28, continued

Knowledge Areas	Group A (%)	Group B (%)	Group C (%)	M	SD
Nursing process	32.1	53.0	14.9	2.17	.67
Psychiatry	31.1	43.7	25.2	2.06	.75
Geriatrics	29.6	51.9	18.5	2.11	.69
Role of research in patient care	17.2	47.8	35.1	1.82	.70

Note: Group A = percentage of respondents rating needs to be of great importance

Group B = percentage of respondents rating needs to be important

Group C = percentage of respondents rating needs to be not important

M = mean of all groups SD = standard deviation of all groups

One person thought it would be important to learn teaching skills for the community setting. Another person stated learning about being a patient advocate would be important to her if she were to return to nursing.

Professional Learning Needs - Nursing Skills

The fourth research question dealt with the professional skills that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta. Nursing skills that were considered important for nurses to possess were listed. The respondents were to rate each item as to how important a learning need they perceived it to be if they were to consider returning to nursing. The respondents rated each item as being "of great importance", "important", or "not important". The results of the data analysis are as follows.

Table 29 lists nursing skills perceived by inactive nurses to be "of great importance" in rank order from the skill found by most respondents to be of great importance to the skill found by fewest respondents to be of great importance.

Table 29

Nursing Skills of Great Importance (n=135-137)

Rank	Skill	Frequency	%
1	Perform emergency nursing procedures	99	72.3
2	Use technical equipment and nursing care supplies	99	72.3
3	Administer medications and recognize their effects	90	65.7

4	Perform advanced physical nursing care	87	63.5
5	Perform a physical assessment	67	48.9
6	Carry out effective patient/family teaching	47	34.6
7	Develop effective nursing care plans	43	31.4
8	Perform basic physical nursing care	38	28.1
9	Take a nursing history	37	27.2
10	Use communication skills to develop a working relationship with other health care professionals	35	25.7
11	Record on the patient's chart	34	25.2
12	Use communication skills to develop a helping relationship with patients	31	22.6

A large majority of respondents found four nursing skills to be of great importance to update for nursing re-entry. These skills included "perform emergency nursing procedures" (72.3%) "use technical equipment and nursing care supplies" such as monitors, intravenous, oxygen, and suctioning equipment, computers (72.3%), "administer medications and recognize their effects" (65.7%), and"perform advanced physical nursing care" such as dressing changes, intravenous therapy, and chest physio (63.5%).

Less than half of the respondents rated the remaining nursing skills as being of great importance for them to update for nursing re-entry. Performing a physical assessment was found to be a skill of great importance to update by 48.9 percent of the respondents. Between approximately 35 and 22 percent of the respondents found the following skills to be of great importance: "carrying out effective patient/family teaching" (34.6%), "developing effective nursing care plans" (31.4%), "performing basic physical nursing care" such as hygienic care, feeding, oxygen therapy, assisting with elimination, rest, and activity needs of patients (28.1%), performing a "nursing history" (27.2%), "recording on the patient's chart" (25.2%), and lastly "using communications skills to develop a helping relationship with patients (22.6%).

Table 30 lists the nursing skills perceived by inactive nurses to be important to update for nursing re-entry in rank order from the skill chosen most often as being important to the skill chosen least often as being important.

Table 30

Nursing Skills Rated to be Important (n=135-137)

Rank	Skill	Frequency	%
1	Develop effective nursing care plans	81	59.1
2	Take a nursing history	77	56.6
3	Record on the patient's chart	73	54.1
4	Carry out effective patient/family teaching	62	45.6
5	Perform a physical assessment	60	43.8
6	Use communication skills to develop a helping relationship with patients	60	43.8
7	Use communication skills to develop a		

	working relationship with other health care professionals	56	41.2
8	Perform basic physical nursing care	55	40.7
9	Administer medications and recognize their effects	42	30.7
10	Perform advanced physical nursing care	41	29.9
11	Use technical equipment and nursing care supplies	33	24.1
12	Perform emergency nursing procedures	31	22.6

Over half of the respondents found three nursing skills to be important to update for nursing re-entry. These included "developing effective nursing care plans" (59.1%), "performing a nursing history" (56.6%), and "recording on the patient's chart" (54.1%).

Just under half of the respondents found three other nursing skills to be important to update for nursing re-entry. These skills were "carrying out effective patient/family teaching" (45.6%), "performing a physical assessment" (43.8%), and "using communication skills to develop a helping relationship with patients" (43.8%). About 40 percent of the respondents found "using communication skills to develop a working relationship with other health care professionals" and "performing basic physical nursing care" to be important skills to update for nursing re-entry. About 30 percent of the respondents rated the skills of "administering medications and recognizing their effects" and "performing advanced physical nursing care" as being important. Only about one third of the respondents stated "using technical equipment and nursing care supplies" and "performing emergency care measures" were important skills to update.

Table 31 presents the nursing skills in rank order from the skill most often chosen as being not important to the skill least often chosen as being not important.

Table 31

Nursing Skills Rated Not to be Important (n=135-137)

Rank	Skill	Frequency	%
1	Use communication skills to develop a helping relationship with patients	46	33.6
2	Use communication skills to develop a working relationship with other health care professionals	45	33.1
3	Perform basic physical nursing care	42	31.1
4	Record on the patient's chart	28	20.7
5	Carry out effective patient/family teaching	27	19.9
6	Take a nursing history	22	16.2
7	Develop effective nursing care plans	13	9.5
8	Perform a physical assessment	10	7.3
9	Perform advanced physical nursing care	9	6.6
10	Perform emergency nursing procedures	7	5.1
11	Administer medications and recognizing their effects	5	3.6
12	Use technical equipment and nursing care supplies	5	3.6

Three skills stood out as being not important to update for nursing re-entry by approximately one-third of the respondents. These skills were using communication skills to develop helping relationships with patients and working relationships with health care professionals. Performing basic physical nursing care was found to be not important to update by 31.1 percent of the respondents. The remainder of the nursing skills were found not to be important to update for nursing re-entry by less than 20 percent of the inactive nurses who responded to the questionnaire (see table 31).

For a more general understanding of the level importance of specific nursing skills which require development for nursing re-entry as perceived by inactive nurses themselves the following table is included. Table 32 presents the nursing skills in rank order from the skill found to be "of great importance" or "important" by most respondents to the skill least often found to be "of great importance" or "important" to update for nursing re-entry. The means and standard deviations of the data are included.

Table 32

Nursing Skills Rated to be of Great Importance or Important for Nursing Re-entry (n=135-137)

Rank	Skill	Frequency	%	M	SD
1	Use technical equipment and nursing care supplies	132	96.4	2.69	.54

2	Administer medications and recognize their effects	132	96.4	2.62	.56
3	Perform emergency nursing care procedures	130	94.9	2.67	.57
4	Perform advanced physical nursing care	128	93.4	2.57	.62
5	Perform a physical assessment	127	92.7	2.42	.63
6	Develop useful nursing care plans	124	90.5	2.22	.60
7	Take a nursing history	114	83.8	2.11	.65
8	Carry out effective patient/family teaching	109	80.2	2.15	.73
9	Record on the patient's chart	107	79.3	2.04	.68
10	Perform basic physical nursing care	93	68.8	1.98	.77
11	Use communication skills to develop a working relationship with other health care professionals	91	66.9	1.93	.77
12	Use communication skills to develop a helping relationship with patients	91	66.4	1.89	.74

Note: M = mean SD = standard deviation

All of the nursing skills listed in the questionnaire were found to be of great importance or important by a large percentage of the respondents to update for nursing re-entry. The means range from 2.69 to 1.89 and the standard deviations range from .54 to .77 which supports the skewness of the data in a negative manner.

Table 33 presents all the results of data analysis regarding nursing skills as learning needs discussed so far. The nursing skills along with the percentages of the respondents who rated each skill as being "of great importance", "important", or "not important" are all included. The means and standard deviations of each skill also appear in this table (see table 33).

Comments regarding professional learning needs - Nursing skills. Comments regarding the awareness of nursing skills as being important learning needs for nursing re-entry were made by some of the respondents. Three respondents stated that they would not need to refresh their communication skills for nursing re-entry because "life experiences constantly exercised" these skills. Three inactive nurses commented on the fact that the skills they would need to update would depend on where they would work in nursing. Two respondents stated they were intimidated by new equipment that they would have to learn about. One respondent stated that basic nursing care and patient needs haven't changed and would therefore require little emphasis in a refresher course. Another respondent commented that the changes in nursing care over recent years should be focused on in a refresher course. Two additional nursing skills seen to be important to have in a refresher course were addressed, i.e., ambulance procedures for rural areas and computer skills.

Professional Learning Needs - Professional Behavior

The fifth research question addressed the aspects of professional behavior that the re-entry nurse would need to further develop as perceived by inactive nurses in Alberta. Some aspects of professional behavior that were considered important to the nursing profession were listed. The respondents were requested

Table 33

The Importance of Nursing Skills for Nursing Re-entry as Perceived by Inactive Nurses in Alberta (n=135-137)

Nursing Skill	Group			M	SD
	A (%)	B (%)	C (%)		
Perform emergency nursing procedures	72.3	22.6	5.1	2.67	.57
Use technical equipment and nursing supplies	72.3	24.1	3.6	2.69	.54
Administer medications and recognize their effects	65.7	30.7	3.6	2.62	.56
Perform advanced physical nursing care	63.5	29.9	6.6	2.57	.62
Perform a physical assessment	48.9	43.8	7.3	2.42	.63
Carry out effective patient/family teaching	34.6	45.6	19.9	2.15	.73
Develop effective nursing care plans	31.4	59.1	9.5	2.22	.60
Perform basic physical nursing care	28.1	40.7	31.1	1.98	.77
Take a nursing history	27.2	56.6	16.2	2.11	.65

Table 33, continued

Nursing Skill	Group			M	SD
	A (%)	B (%)	C (%)		
Use communication skills to develop a working relationship with other health care professionals	25.7	41.2	33.1	1.93	.77
Record on the patient's chart	25.2	54.1	20.7	2.04	.68
Use communication skills to develop a helping relationship with patients	22.6	43.8	33.6	1.89	.74

Note: Group A = of great importance

Group B = important

Group C = not important

M = mean of all groups SD = standard deviation of all groups

to rate each item as to how important a learning need they perceived it to be if they were to return to nursing. The respondents rated each item as being "of great importance", "important", or "not important". The results of the data analysis are presented and discussed in this section.

Table 34 lists aspects of professional behavior that are considered important to the nursing profession in rank order from the item found by most respondents to be of great importance to further develop for nursing re-entry to the item found by fewest respondents to be of great importance.

Table 34

Aspects of Professional Behavior of Great Importance (n=133-137)

Rank	Professional Behavior	Frequency	%
1	The standard of care I deliver	83	61.0
2	The legal considerations of nursing today	63	46.3
3	The ethical decisions I must make	62	45.9
4	Continuing education	56	41.2
5	Self-directed learning	55	40.4
6	My role as a patient advocate	53	39.6
7	My value to society	37	27.2
8	The image I portray to the public	36	26.5
9	My responsibilities to nursing associations and unions	17	12.8

A majority, 61.0 percent, of the respondents rated "the standard of care I deliver" as being an aspect of professional behavior of great importance to update for nursing re-entry. Close to half of the respondents found two other aspects of professional behavior to be of great importance. These included "the legal considerations of nursing today" (46.9%) and "the ethical decisions I must make" (45.9%).

About forty percent of the respondents found "continuing education", "self-directed learning", and "my role as a patient advocate" to be aspects of professional behavior of great importance to update for nursing re-entry. Two aspects of professional behavior, "my value to society", and "the image I portray to the public", were found to be of great importance by about one quarter of the respondents (see table 34). The aspects of professional behavior found to be of great importance by fewest respondents was "my responsibilities to nursing associations and unions" (12.8%).

Table 35 lists the aspects of professional behavior perceived by inactive nurses to be important to update for nursing re-entry in rank order from the item chosen most often as being important to the item chosen least often as being important.

Table 35

Aspects of Professional Behavior Rated to be Important (n=135-137)

Rank	Professional Behavior	Frequency	%
1	Continuing education	72	52.9
2	Self-directed learning	72	52.9
3	The image I portray to the public	71	52.2

4	My responsibilities to nursing associations and unions	69	51.9
5	My value to society	64	47.1
6	My role as a patient advocate	60	44.8
7	The ethical decisions I must make	60	44.4
8	The legal considerations of nursing today	58	42.6
9	The standard of care I deliver	39	28.7

All of the aspects of professional behavior were rated to be important to update for nursing re-entry by 42 to 53 percent of the respondents (see table 35). Only one aspect of professional behavior was rated by fewer respondents to be important. This item was "the standard of care I deliver" (28.7%).

Table 36 presents the aspects of professional behavior in rank order from the item most often rated as being not important to update for nursing re-entry to the skill least often chosen as being not important.

Table 36

Aspects of Professional Behavior Rated Not to be Important

(n=133-137)

Rank	Professional Behavior	Frequency	%
1	Responsibilities to nursing associations and unions	47	35.3
2	My value to society	35	25.7
3	The image I portray to the public	29	21.3
4	My role as a patient advocate	21	15.7

5	The legal considerations of nursing	15	11.0
6	The standard of care I deliver	14	10.3
7	The ethical decisions I must make	13	9.6
8	Self-directed learning	9	6.6
9	Continuing education	8	5.9

The aspect of professional behavior rated most often as not being important to update for nursing re-entry was "my responsibilities to nursing associations and unions" (35.3%). "My value to society" and "the image I portray to the public" were aspects of professional behavior rated by 25.7% and 21.3% respectively of the respondents as not being important to update. The remaining aspects of professional behavior were rated as being not important to update for nursing re-entry by less than 16 percent of the respondents (see Table 36).

The percentages of respondents rating each aspect of professional behavior as being of great importance or important were combined and presented in a table along with the means and standard deviations (see Table 37). This table provides a more general understanding of the level of importance of the aspects of professional behavior for re-entry nurses to update. The professional behaviors are listed in rank order from the item rated by most to least respondents to be of great importance or important.

Table 37

Aspects of Professional Behavior to be of

Great Importance or Important for Nursing Re-entry (n=133-137

Rank	Professional Behavior	Frequency	%	M	SD
1	Continuing education	128	94.1	2.35	.59
2	Self-directed learning	127	93.3	2.34	.60
3	The ethical decisions I must make	122	90.3	2.36	.65
4	The standard of care I deliver	122	89.7	2.51	.68
5	The legal considerations of nursing today	121	88.9	2.35	.67
6	My role as a patient advocate	113	84.4	2.24	.71
7	The image I portray to the public	107	78.7	2.05	.69
8	My value to society	101	74.3	2.02	.73
9	My responsibilities to nursing associations and unions	86	64.7	1.77	.66

Note: M = mean SD = standard deviation

All of the aspects of professional behavior were rated as being of great importance or important by a very large majority of the respondents except for one item. "Responsibilities to nursing associations and unions" were rated by a lesser majority, (64.7%, M = 1.77, S.D. .66), of the respondents to be an aspect of professional behavior of great importance or important to update for nursing re-entry. The means for the other professional behaviors ranged from 2.51 to 2.02 and the standard deviations from .59 to .73 supporting the negative skewness of the data.

Table 38 presents all the results of data analysis discussed in this section in one table. The professional behaviors along with the percentages of the respondents who rated each behavior as being "of great importance", "important", or "not important" are all included. The means and standard deviations of each behavior also appear in this table.

Comments regarding the professional learning needs - Professional behavior/attitudes. Some comments were made specifically relating to the aspects of professional behavior that were considered to be important to the nursing profession as listed in the questionnaire. Almost all of the comments (8) alluded to the idea that professional behaviors such as the ones listed would not need to be further developed. Comments included the following: professional behaviors "are not lost once developed", they "develop in the first five years and stay with you", they are strengthened and develop naturally with life experiences. One respondent stated that being away from the nursing profession allowed her professional attitudes towards nursing to mature and that she was able to look at nursing from a more objective point of view. One comment was made which related to the differentiation that nursing associations were important but nursing unions weren't.

General Comments

At the end of the questionnaire distributed for this study space was provided for general comments. Approximately one third

Table 38

The Importance of Professional Behaviors for Nursing Re-entry as Perceived by Inactive Nurses in Alberta (n=133-137)

Professional Behaviors	Group			M	SD
	A (%)	B (%)	C (%)		
The standard of care I deliver	61.0	28.7	10.3	2.51	.68
The legal considerations of nursing today	46.3	42.6	11.0	2.35	.67
The ethical decisions I must make	45.9	44.4	9.6	2.36	.65
Continuing education	41.2	52.9	5.9	2.35	.59
Self-directed learning	40.4	52.9	6.6	2.34	.60
My role as patient advocate	39.6	44.8	15.7	2.24	.71
My value to society	27.2	47.1	25.7	2.02	.73
The image I portray to the public	26.5	52.2	21.3	2.05	.69
My responsibilities to nursing associations and unions	12.8	51.9	35.3	1.77	.66

Note: Group A = of Great Importance/Group B = Important/Group C = Not Important

M = mean SD = standard deviation

of the respondents made general comments. The comments were organized with regards to themes and frequency of remarks. The following identifies the themes and frequencies of comments and discusses this qualitative data.

1. Negative perceptions regarding Nursing.

Nineteen comments were made which reflected some negative perceptions regarding nursing. Eight of the comments related specifically to the idea that nurses have too great a workload and therefore can not perform their duties to their satisfaction or the patient's satisfaction. Typical comments made were:

- "nurses can't give complete care - too rushed"
- "too many patients, no time for compassion"
- "too understaffed now", "inadequate staffing"
- "I could not care for my patients as I would like to"

Four respondents stated nurses had too much paperwork to do now. Two inactive nurses stated that nursing care was no longer "patient centered". Two other respondents stated the nursing care today was "poor". Two respondents commented on their perceptions that the working morale of nurses was low due to poor administrative support and support among themselves. One respondent stated that nursing was very stressful.

2. Positive perceptions regarding nursing.

Four inactive nurses stated they "loved nursing". Two respondents stated they could use their nursing skills for the rest of their life. One inactive nurse stated that she missed nursing. Another respondent expressed appreciation for having the questionnaire to respond to as it made her reassess her desire to return to nursing.

3. Reasons for leaving nursing

Four respondents stated they left nursing due to home and family responsibilities. Three nurses stated they left nursing because they were dissatisfied with the job. Comments made in this regard were "I was not challenged", "wasn't enjoying it anymore", and "was given no respect as a nurse". One respondent stated she left nursing for another interest.

4. Comments regarding nursing refresher courses.

Six comments made regarded the nursing refresher course available in Alberta. Two respondents stated they did not like the content taught in the nursing refresher course available in Alberta. One comment related to the concern that too much emphasis was placed on "facts" rather than "principles of nursing". Another comment related to the need for nursing refresher courses that focused on nursing specialties. Four other respondents stated that nursing refresher courses should be more individualized to the inactive nurses' needs and the work setting. One respondent stated a nursing refresher course taught in a classroom setting would be more stimulating than correspondence learning.

Additional Findings:

Further analysis of the data using inferential statistics was carried out to determine if there were any significant comparisons to be made between the demographic characteristics, educational backgrounds, and career patterns of the respondents and the manner in which they responded to the questionnaire items regarding barriers to and learning needs for nursing re-entry. The inferential statistics utilized were the T-test for nonindependent groups and one-way analysis of variance (ANOVA). Further analysis was carried out on the data treated by ANOVA to determine the location of significant differences. Please note that all significantly different groups were found to be so at the 0.100 level. The test utilized was the Scheffe test. Some significant comparisons were discovered. In this final part of Chapter IV the results of this analysis of the data are presented and discusssed. It is important to note that only significant results are illustrated in the tables.

1. Comparisons between the respondents' age and barriers and learning needs regarding nursing re-entry (see table 39).

Age groups: A = 30-39 years (n=54)
B = 40-49 years (n=71)
C = 50-59 years (n=22)

The youngest group of respondents found home and family responsibilities to be a greater barrier than the older groups with an F-ratio of 12.46. As the groups of respondents got older home and family responsibilities became less of a barrier. The oldest group of respondents found their physical health to be a barrier to nursing re-entry more often than the youngest group (F-ratio 3.00). The middle aged group of respondents found the lack of technical skills (F-ratio 3.43) and inadequate salary/benefits (F-ratio 2.42) to be a barrier more often than the younger group. The other barriers to nursing re-entry were not found to have a significant difference between the age groups.

The middle aged group rated the need to have instructor feedback as being important more often than the older group (F-ratio 4.36). Both the youngest and the middle age groups found the need to learn in a caring environment (F-ratio 9.03) and the need to have home and family responsibilities recognized (F-ratio 10.87) to be more important than the oldest group. The other personal learning needs were not found to be rated significantly different by the separate age groups.

Almost all of the professional learning needs regarding knowledge areas were rated significantly differently by separate age groups. The middle aged group of respondents consistently rated the knowledge areas as being more important to update for nursing re-entry than the youngest and/or oldest age groups with F-ratios between 2.44 and 7.67 (see table 39).

There were no significant comparisons between the different age groups and the importance of the professional learning needs regarding nursing skills for nursing re-entry. There were only two professional learning needs regarding aspects of professional behavior which were rated significantly different by the age groups. The middle aged group found these aspects of professional behavior more important then the youngest group of respondents; "legal considerations to nursing" (F-ratio 2.63) and "nurses value to society" (F-ratio 3.92).

2. Comparisons between the highest level of completed education and barriers and learning needs regarding nursing re-entry (see table 40).

Groups: A = Diploma in Nursing (n=107)
B = Baccalaureate or Master's in Nursing (n=23)
C = Other (n=15)

The group with the highest level of completed education in areas other than a diploma, baccalaureate or master's in nursing (Group C) found "poor working conditions" to be a greater barrier to re-entry than those respondents with a baccalaureate or master's in nursing, (F-ratio 3.12). Group C also found "inadequate salaries/benefits" to be slightly more of a barrier than diploma nurses with an F-ratio of 2.66. The "lack of financial assistance" (F-ratio 2.81) was found to be a slightly greater barrier to diploma nurses over nurses with baccalaureate or masters degrees in nursing. The other barriers to nursing re-entry were not found to be significantly different by groups of respondents with different levels of education.

Only four of the personal learning needs were found to be rated significantly different by the groups of respondents with different levels of education. The diploma nurses found the needs to "develop study skills", "identify own learning needs" and to "have home and family responsibilities recognized" as being more important than the group of inactive nurses with the highest level of education in fields other than nursing. Diploma nurses also found the "need for financial assistance" to be more important than the baccalaureate and/or master's nurses (see table 40).

Only one area of knowledge was found to be significantly more important to update by inactive nurses with different levels of education. Knowledge about community health care was significantly more important to baccalaureate and/or master's nurses and nurses with highest levels of education in other areas with an F-ratio of 3.60.

Respondents with only diplomas in nursing rated two nursing skills as being more important to update for nursing re-entry than did respondents with baccalaureate or master's in nursing at a significant level. The skills included "administering medications" with an F-ratio of 3.28 and "using technical equipment and nursing supplies" with an F-ratio of 4.96. All other comparisons between the importance of nursing skills for nursing re-entry and different levels of completed education were not significantly different.

None of the professional learning needs regarding aspects of professional behavior for nursing re-entry were responded to in a significantly different manner by the groups of respondents with differing levels of education.

3. Comparisons between past attendance in nursing educational programs and barriers and learning needs regarding nursing re-entry (see Table 41).

Past attendance groups: 1 = yes (n=18)
2 = no (n=117)

There were very few significant comparisons found between past attendance in nursing educational programs and barriers and learning needs regarding nursing re-entry. The group of respondents who had not attended any nursing education programs in the past, i.e., while away from nursing found the type of refresher program available a greater barrier than those respondents who had attended nursing educational programs (T-value = -2.94, probability = .004). The former group of respondents also found the need to "learn on own" and "have instructor feedback" to be significantly more important to them for nursing re-entry than the latter group of respondents did at the .05 level.

There were no significant comparisons found between past attendance in nursing educational programs and professional learning needs regarding nursing re-entry.

4. Comparisons between past attendance in nonnursing educational programs and barriers and learning needs regarding nursing re-entry (see Table 42).

Past attendance groups: 1 = yes (n=74)
2 = no (n=61)

There were only a few significant comparisons between past attendance in nonnursing educational programs and barriers and learning needs regarding nursing re-entry. The group who attended nonnursing educational programs found the cultural values regarding the woman's role to be significantly more of a barrier than those who had not attended nonnursing educational programs at the .05 level, (probability = .030). The latter group found the need to develop study skills and organizational and time management skills to be significantly more important for nursing re-entry than did the former group at the .05 level (probability = .048 and .045). The group of respondents who had attended nonnursing educational programs found the need to update their knowledge regarding legal and ethical aspects of nursing, health risks to nursing and current roles and responsibilities of nurses to be significantly more important than the group of respondents who had not attended nonnursing educational programs.

There were no significant results drawn from comparisons between past attendance in nonnursing educational programs and the professional learning needs for nursing re-entry regarding nursing skills and aspects of professional behavior.

5. Comparisons between length of time worked as a nurse and learning needs regarding nursing re-entry (see Table 43).

Length of time worked as a nurse: Group A = 1 year (n=5)
Group B = 1-10 years (n=96)
Group C = 11 years (n=33)

The group of respondents who had worked as a nurse for 1-10 years found the needs to "learn on own", "have instructor feedback", and "learn in a caring environment" significantly more important to them for nursing re-entry than did the group of respondents who had worked as a nurse for more than 10 years at the 0.100 level with F-ratios ranging from 5.81 to 3.47 (see table 43).

Thirteen out of 23 professional learning needs regarding different knowledge areas were found to be significantly more important to update for nursing re-entry by the respondents with 1-10 years of experience than the group of respondents with greater than 10 years of nursing experience (F-ratios ranged between 2.87 and 6.87). The group of nurses who had less than 1 year of experience found the need to update knowledge regarding pharmacology, the physical needs of patients and current modes of therapy from other health care professionals to be significantly more important than the group of nurses with greater than 10 years of nursing experience (see table 43).

The group of respondents with 1-10 years of nursing experience found 5 of 12 nursing skills to be significantly more important to update than the group of respondents with greater nursing experience with F-ratios ranging between 5.51 and 2.89. These skills included developing nursing care plans, performing advanced physical nursing care, administering medications and recognizing their effects, performing emergency nursing procedures, and using technical equipment and nursing care supplies.

There were no significant comparisons between years of nursing experience and barriers and learning needs regarding aspects of professional behavior.

6. Comparisons between number of years since employed as a nurse and barriers and learning needs regarding nursing re-entry (see Table 44).

Number of years since employed
as a nurse: Group A = 0-5 years (n=25)
Group B = 6-10 years (n=51)
Group C = 11-15 years (n=40)
Group D = 16 years (n=35)

There were many significant comparisons between the number of years since employed as a nurse and barriers to nursing re-entry and learning needs important for re-entry.

Only the respondents last employed as a nurse 11-15 years ago were found to view a lack of confidence as being a significantly greater barrier than respondents who had been away from nursing for 0-5 years. The respondents who had been away for 0-5 years were found to regard the cultural values regarding the woman's role to be a significantly greater barrier than only the respondents who had last been employed as a nurse 11-15 years ago (see table 44). Outdated nursing knowledge was seen to be a significantly greater barrier to those respondents who had been away from nursing for 11-15 years than those away for less time and by the group of respondents who had been away for the most amount of time than the group of respondents who had been away from nursing for the least amount of time (F-ratio = 6.00). A lack of technical skills was seen to be less of a barrier by the group of respondents last employed as a nurse 0 to 5 years ago than all the other groups with an F-ratio of 8.95. Within this comparison the group away from nursing for the past 11-15 years found the lack of technical skills to be a greater barrier than the group of respondents away from nursing for 6 to 10 years.

The need to learn on one's own was seen to be a more important learning need to the groups of respondents who had been away for the longest time than the groups of respondents who had been away from nursing for 1 to 5 years and 11 to 15 years (F-ratio = 4.37). The need to have instructor supervision was seen to be a more important learning need to the respondents who had been away from nursing for more than 11 years than those away from nursing for less (F-ratio = 7.26). The need to have instructor feedback was less important to respondents who had been away form nursing for less than five years than all the other groups (F-ratio = 7.08).

Several of the professional learning needs for nursing re-entry were found to be significantly more important to some groups than to others. For the most part the respondents away from nursing for 11 years and more found these needs to be more important than those respondents who had been away from nursing for less than five years. For some of the professional learning needs the group of respondents who had been away from nursing for six to ten years also found the needs significantly more important than the group who had been away from nursing for the least amount of time (see Table 44).

For some other knowledge areas such as, common emergencies and first aid, psychiatry, the role of research in patient care, and the ethical concerns facing nursing today a significant difference was found only between the group of respondents away from nursing for the most amount of time and those away from nursing for the least amount of time (see Table 44).

Generally speaking the group of respondents who had been away from nursing for the least amount of time (0-5 years) found the professional learning needs less important to update for nursing re-entry than most of the groups of respondents who had been away for more than five years. However, it is important to note that for many of the professional learning needs the group of respondents who had been last employed as a nurse 6-10 years ago were not found to view these needs as being significantly more important for nursing re-entry than the group of nurses last employed in nursing fewer years ago (see table 44).

7. Comparisons between Interest to Return to Nursing and Barriers and Barriers and Learning Needs for Nursing re-entry (see Table 45).

Interested in returning to nursing: Group 1 = yes (n=65)
Group 2 = no (n=74)

The respondents interested in returning to nursing found home and family responsibilities to be more of a barrier than the respondents not interested in returning to nursing at present (T-value = 3.05, probability .003). The respondents interested in returning to nursing found the following items less of a barrier than those not interested in returning to nursing at the present time: "inadequate salary and benefits" (probability = .000), "cultural values regarding the woman's role" (probability = .048), and "lack of satisfaction from working as a nurse" (probability = .011).

Many of the personal learning needs were found to be more important for nursing re-entry to those interested in returning to nursing than those not interested (see table 45). None of the professional learning needs were found to have significantly different ratings of importance by respondents who were interested or not interested in returning to nursing at the present time.

SUMMARY

This chapter presented the results of data analysis carried out in this study. Discussion of the results in an attempt to summarize the findings was included regarding a description of the respondents and the five research questions. The quantitative data obtained were summarized and reported by frequency, percentage distribution, and measures of central tendency and variability. The qualitative data was presented and summarized according to themes and frequency of responses. The additional findings were discussed and reported by measures of analysis of variance, the Scheffe test, and the t-test.

Table 39

ANOVA and Scheffe Test Table Illustrating Significant Comparisons

Between Age and Barriers/Learning Needs

Age groups: A. 30-39 years (n=54) B. 40-49 years (n=71) C. 50-59 years (n=22)

Group	1		2		3			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Barriers:								
Home/family responsibilities	2.57	.69	2.11	.75	1.73	.70	12.46	A > B, A > C, B > C
Physical health	1.27	.49	1.35	.65	1.65	.83	3.00	C > A
Lack of technical skills	1.93	.67	2.21	.67	2.27	.70	3.43	B > A
Inadequate salary/benefits	1.25	.55	1.50	.67	1.35	.67	2.42	B > A
Personal Learning Needs:								
Have instructor feedback	2.31	.55	2.52	.59	2.10	.70	4.36	B > C
Learn in a caring environment	2.54	.55	2.57	.59	1.95	.74	9.03	A > C, B > C
Have my home/family responsibilities recognized	2.63	.57	2.5	.56	1.96	.77	10.87	A > C, B > C

Table 39, continued

Group	1		2		3			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Professional Learning Needs:								
a)Knowledge								
Anatomy and Physiology	2.26	.67	2.39	.55	2.05	.74	2.44	B > C
The nursing process	2.06	.67	2.34	.60	1.90	.77	4.61	B > A, B > C
Pharmacologic aspects of nursing	2.56	.54	2.59	.53	2.24	.70	3.32	A > C, B > C
PHysical needs of patients	2.10	.75	2.30	.66	1.86	.79	3.20	B > C
Obstetrics	2.08	.74	2.38	.63	2.10	.70	2.96	B > A
Pediatrics	2.08	.71	2.45	.59	2.05	.67	5.76	B > C, B > A
Psychiatry	1.81	.70	2.28	.70	1.95	.86	5.93	B > A
Geriatrics	1.96	.68	2.27	.62	2.05	.80	2.98	B > A
Community health care	2.10	.67	2.44	.64	1.95	.67	6.06	B > C, B > A
Role of patient education	2.09	.65	2.56	.56	2.05	.74	7.67	B > C, B > A

Table 39, continued

Group	1		2		3			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Role of research in patient care	1.65	.64	2.00	.70	1.76	.77	3.76	B > A
Legal aspects of nursing care	2.02	.60	2.42	.59	2.05	.92	6.01	B > A, B > C
Ethical concerns facing nurses	2.04	.65	2.50	.59	2.14	.85	7.16	B > A
Health risks of nurses	2.14	.68	2.44	.64	2.05	.74	3.96	B > C, B > A
Roles and responsibilities of nurses	2.15	.58	2.45	.53	2.33	.66	3.96	B > A
b)Attitudes								
Legal considerations to nursing	2.26	.61	2.49	.62	2.36	.85	2.63	B > A
Nurses value to society	1.82	.78	2.17	.68	2.00	.69	3.39	B > A

Note: M = mean SD = standard deviation Groups are significantly different at the 0.100 level

Table 40

ANOVA and Scheffe Test Table Illustrating Significant Comparisons

Between the Highest Level of Completed Education and Barriers/Learning Needs

Groups - highest level of completed education:

A = Diploma in nursing (n=107) B = Baccalaureate or Master's in Nursing (n=23) C = Other (n=15)

Barriers/Learning Needs	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Barriers:								
Poor working conditions	1.73	.84	1.52	.73	2.2	.86	3.12	C > B
Inadequate salaries/benefits	1.34	.56	1.38	.71	1.73	.88	2.66	C > A
Lack of financial assistance	1.57	.77	1.17	.49	1.50	.65	2.81	A > B
Personal Learning Needs:								
Develop study skills	2.07	.68	1.82	.66	1.58	.67	3.55	A > C
Identify own learning needs	1.95	.64	1.82	.80	1.50	.52	2.67	A > C

Table 40, continued

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Have home/family responsibilities recognized	2.50	.59	2.41	.73	2.08	.79	2.41	A > C
Have financial support	1.83	.80	1.36	.58	1.64	.67	3.53	A > B
Nursing Knowledge Needs:								
Community health care	2.19	.68	2.57	.60	2.00	.74	3.60	B > C, B > A
Nursing Skill Needs:								
Administer medication	2.69	.49	2.41	.73	2.42	.67	3.28	A > B
Use technical equipment and nursing supplies	2.77	.45	2.45	.74	2.42	.67	4.96	A > B

Note: M = mean

SD = standard deviation

Groups are significantly different at the 0.100 level

Table 41

T-test Table Illustrating Significant Comparisons Between

Past Attendance in Nursing Educational Programs and Barriers/Learning Needs

Past attendance in nursing educational programs: Group 1=yes (n=18) Group 2=no (n=117)

Barriers/Learning Needs	Group 1 = yes		Group 2 = no			
	M	SD	M	SD	T-value	Probability
Barrier:						
Type of refresher program available	1.29	.54	1.89	.81	-2.94	.004**
Personal Learning Needs:						
Learn on own	1.78	.81	2.16	.74	-1.99	.049*
Have instructor feedback	2.06	.73	2.41	.59	-2.30	.023*

Note: ** = significant at the .01 level

* = significant at the .05 level

M = mean

SD = standard deviation

Table 42

T-test Table Illustrating Significant Comparisons Between Past Attendance in Non-Nursing Educational Programs and Barriers/Learning Needs

Past attendance in non-nursing educational programs: Group 1 = yes (n=74) Group 2 = no (n=61)

	Group 1		Group 2			
	M	SD	M	SD	T-value	Probability
Barriers:						
Cultural values regarding the women's role	1.33	.67	1.14	.39	2.20	.030*
Personal Learning Needs:						
Develop study skills	1.88	.72	2.11	.64	-2.00	.048*
Develop organizational/time management skills	1.78	.80	2.05	.70	-2.03	.045*
Nursing Knowledge Needs:						
Legal aspects of nursing today	2.39	.64	2.00	.66	3.50	.001**
Ethical concerns facing nurses today	2.45	.62	2.08	.71	3.16	.002**

Table 42, continued

	Group 1		Group 2			
	M	SD	M	SD	T-value	Probability
Health risks of nursing	2.38	.64	2.13	.72	2.12	.036*
Current roles and responsibilities of nurses	2.43	.58	2.20	.57	2.38	.019*

** = significant at the .01 level

* = significant at the .05 level

M = mean

SD = standard deviation

Table 43

ANOVA and Scheffe Test Table Illustrating Significant Comparisons Between Length of Time Worked as a Nurse and Learning Needs

Length of time worked as a nurse:

Group A = 1 year (n=5)   Group B = 1-10 years (n=96)   Group C = 11 years (n=33)

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	DifferentlGroups
Personal Learning Needs:								
Learn on own	2.80	.45	2.18	.73	1.79	.78	5.81	B > C, A > C
Have instructor supervision	2.26	.84	2.36	.54	1.97	.85	4.61	B > C
Have instructor feedback	2.40	.55	2.44	.54	2.12	.78	3.47	B > C
Learn in a caring environment	2.80	.45	2.53	.57	2.16	.73	5.05	B > C
Nursing Knowledge Needs:								
Anatomy and Physiology	2.60	.55	2.36	.65	2.00	.51	4.83	B > C
Pathophysiology underlying patient's health problems	2.80	.45	2.51	.60	2.21	.48	4.38	B > C

Table 43, continued

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Current diagnostic and therapeutic nursing care	2.80	.45	2.88	.33	2.58	.56	6.87	B > C
Common emergencies/first aid	2.60	.55	2.40	.64	1.93	.69	6.19	B > C
Nursing process	2.40	.55	2.24	.64	1.94	.70	2.87	B > C
Pharmacological aspects of nursing	3.00	.00	2.59	.55	2.30	.59	5.10	B > C, A > C
Physical needs of patients	2.80	.45	2.23	.71	1.85	.71	5.68	B > C, A > C
Psychosocial needs of patients	2.60	.55	2.26	.71	1.88	.78	4.25	B > C
Medical and surgical care	2.40	.55	2.49	.58	2.09	.68	5.50	B > C
Ethical concerns facing nurses today	1.80	.84	2.39	.60	2.03	.81	4.95	B > C
Health risks of nursing	1.60	.89	2.38	.60	2.03	.77	6.18	B > A, B > C
Current modes of therapy from other health care professionals	2.80	.45	2.38	.60	2.06	.79	4.34	B > C, A > C

Table 43, continued

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Changes in the health care system	2.60	.55	2.44	.54	2.06	.79	5.27	B > C
Nursing Skill Needs:								
Develop nursing care plans	2.40	.55	2.29	.54	1.97	.73	3.96	B > C
Perform advanced physical nursing care	2.60	.55	2.67	.55	2.27	.72	5.40	B > C
Administer medications and recognize their effects	2.80	.45	2.68	.51	2.42	.66	2.89	B > C
Perform emergency nursing procedures	2.80	.45	2.76	.48	2.39	.75	5.51	B > C
Use technical equipment and nursing supplies	2.80	.45	2.77	.47	2.42	.66	5.48	B > C

Note: M = mean SD = standard deviation

Groups are significantly different at the 0.100 level

Table 43

ANOVA and Scheffe Test Table Illustrating Significant Comparisons Between

Length of Time Worked as a Nurse and Learning Needs

Length of time worked as a nurse:

Group A = 1 year (n=5)   Group B = 1-10 years (n=96)   Group C = 11 years (n=33)

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different1Groups
Personal Learning Needs:								
Learn on own	2.80	.45	2.18	.73	1.79	.78	5.81	B > C, A > C
Have instructor supervision	2.26	.84	2.36	.54	1.97	.85	4.61	B > C
Have instructor feedback	2.40	.55	2.44	.54	2.12	.78	3.47	B > C
Learn in a caring environment	2.80	.45	2.53	.57	2.16	.73	5.05	B > C
Nursing Knowledge Needs:								
Anatomy and Physiology	2.60	.55	2.36	.65	2.00	.51	4.83	B > C
Pathophysiology underlying patient's health problems	2.80	.45	2.51	.60	2.21	.48	4.38	B > C

Table 43, continued

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Current diagnostic and therapeutic nursing care	2.80	.45	2.88	.33	2.58	.56	6.87	B > C
Common emergencies/first aid	2.60	.55	2.40	.64	1.93	.69	6.19	B > C
Nursing process	2.40	.55	2.24	.64	1.94	.70	2.87	B > C
Pharmacological aspects of nursing	3.00	.00	2.59	.55	2.30	.59	5.10	B > C, A > C
Physical needs of patients	2.80	.45	2.23	.71	1.85	.71	5.68	B > C, A > C
Psychosocial needs of patients	2.60	.55	2.26	.71	1.88	.78	4.25	B > C
Medical and surgical care	2.40	.55	2.49	.58	2.09	.68	5.50	B > C
Ethical concerns facing nurses today	1.80	.84	2.39	.60	2.03	.81	4.95	B > C
Health risks of nursing	1.60	.89	2.38	.60	2.03	.77	6.18	B > A, B > C
Current modes of therapy from other health care professionals	2.80	.45	2.38	.60	2.06	.79	4.34	B > C, A > C

Table 43, continued

	Group A		Group B		Group C			Significantly
	M	SD	M	SD	M	SD	F-ratio	Different Groups
Changes in the health care system	2.60	.55	2.44	.54	2.06	.79	5.27	B>C
Nursing Skill Needs:								
Develop nursing care plans	2.40	.55	2.29	.54	1.97	.73	3.96	B>C
Perform advanced physical nursing care	2.60	.55	2.67	.55	2.27	.72	5.40	B>C
Administer medications and recognize their effects	2.80	.45	2.68	.51	2.42	.66	2.89	B>C
Perform emergency nursing procedures	2.80	.45	2.76	.48	2.39	.75	5.51	B>C
Use technical equipment and nursing supplies	2.80	.45	2.77	.47	2.42	.66	5.48	B>C

Note: M = mean SD = standard deviation

Groups are significantly different at the 0.100 level

Table 44

ANOVA and Scheffé Test Table Illustrating Significant Comparisons Between

Number of Years Since Employed as a Nurse and Barriers/Learning Need

Number of years since employed as a nurse:

Group A = 0-5 years (n=25) Group B = 6-10 years (n=51)

Group C =11-15 years (n=40) Group D = 16 years (n=35)

	Group A		Group B		Group C		Group D			Significantly
	M	SD	M	SD	M	SD	M	SD	F-ratio	Different Groups
Barriers:										
Lack of confidence	1.46	.66	1.57	.64	1.95	.71	1.83	.86	3.45	C > A
Cultural values regarding the woman's role	1.54	.80	1.20	.53	1.15	.43	1.21	.55	2.83	A > C
Outdated nursing knowledge	1.96	.54	2.24	.65	2.59	.59	2.43	.65	6.00	D > A, C > A, C > B
Lack of technical skills	1.58	.58	2.02	.62	2.37	.70	2.30	.64	8.95	B > A, D > A, C > A

Table 44, continued

	Group A		Group B		Group C		Group D			Significantly
	M	SD	M	SD	M	SD	M	SD	F-ratio	Different Groups
Personal Learning Needs:										
Learn on own	1.85	.85	2.11	.70	1.91	.74	2.48	.68	4.37	D > A, D > C
Have instructor supervision	1.81	.51	2.17	.70	2.57	.61	2.34	.55	7.26	D > A, C > A+B
Have instructor feedback	1.90	.62	2.32	.56	2.63	.55	2.44	.62	7.08	B, C+D > A
Nursing Knowledge Needs:										
Anatomy and Physiology	1.90	.72	2.32	.56	2.34	.59	2.41	.67	3.15	B, C+D > A
Common emergencies/ first aid	1.95	.86	2.23	.63	2.39	.66	2.50	.62	3.13	D > A
Nursing process	1.70	.57	2.21	.66	2.37	.60	2.19	.69	4.84	B, C+D > A
Physical needs of patients	1.71	.85	2.09	.62	2.31	.72	2.38	.71	4.53	C+D > A
Psychosocial needs of patients	1.81	.87	2.09	.65	2.34	.73	2.38	.71	3.49	C+D > A

Table 44, continued

	Group A		Group B		Group C		Group D			Significantly
	M	SD	M	SD	M	SD	M	SD	F-ratio	Different Groups
Medical and surgical care	2.05	.86	2.30	.55	2.57	.56	2.56	.50	4.59	C+D > A
Psychiatry	1.76	.77	1.96	.89	2.14	.77	2.31	.74	2.86	D > A
Geriatrics	1.71	.64	2.09	.62	2.20	.76	2.31	.65	3.67	C+D > A
Community health care	1.86	.57	2.20	.69	2.38	.70	2.38	.66	3.33	C+D > A
Role of patient education	1.76	.70	2.22	.63	2.46	.61	2.50	.57	7.28	B, C+D > A
Role of research in patient care	1.52	.60	1.76	.66	1.91	.70	2.10	.75	3.71	D > A
Ethical concerns facing nurses today	1.90	.77	2.21	.66	2.34	.64	2.56	.62	4.56	D > A
Health risks of nursing	1.90	.70	2.17	.70	2.43	.61	2.47	.62	4.15	C+D > A
Current roles and responsibilities of nurses	1.95	.67	2.30	.59	2.40	.50	2.53	.51	4.78	C+D > A

Table 44, continued

	Group A		Group B		Group C		Group D			Significantly
	M	SD	M	SD	M	SD	M	SD	F-ratio	Different Groups
Nursing Skill Needs:										
Develop nursing care plans	1.81	.68	2.23	.60	2.31	.58	2.36	.49	4.31	B, C+D > A
Perform basic nursing care	1.60	.75	1.94	.76	2.20	.76	2.00	.75	2.71	C > A
Perform advanced nursing care	2.33	.73	.245	.65	2.81	.40	2.64	.60	3.76	C > A+B
Administer medications and recognize effects	2.28	.72	2.53	.58	2.86	.35	2.70	.47	5.95	C+D > A, C > B
Perform emergency nursing procedures	2.29	.78	2.50	.61	2.92	.28	2.76	.44	6.70	C+D > A, C > B

Table 44, continued

	Group A		Group B		Group C		Group D			Significantly
	M	SD	M	SD	M	SD	M	SD	F-ratio	Different Groups
Record on patient's chart	1.67	.73	1.96	.64	2.33	.59	2.09	.68	5.08	C > A+B
Use technical equipment and nursing supplies	2.48	.68	2.53	.62	2.86	.35	2.85	.36	5.02	C+D > A, C+D > B
Professional behaviors:										
Legal considerations of nursing today	1.95	.67	2.23	.63	2.53	.61	2.59	.67	5.69	C+D > A

Note: M = mean SD = standard deviation Groups are significantly different at the 0.100 level

Table 45

T-test Table Illustrating Significant Comparisons Between Interest to Return to Nursing and Barriers/Learning Needs

Interest to return to nursing: Group 1 = yes (n=65) Group 2 = no (n=74)

	Group 1		Group 2			
	M	SD	M	SD	T-value	Probability
Barriers:						
Home/family responsibilities	2.45	.64	2.07	.84	3.05	.003**
Inadequate salary/benefits	1.18	.39	1.56	.74	-3.82	.000**
Cultural values regarding the woman's role	1.14	.43	1.32	.64	-1.99	.048*
Lack of satisfaction from working as a nurse	1.45	.66	1.78	.87	-2.59	.011*
Personal Learning Needs:						
Develop study skills	2.11	.66	1.85	.69	2.14	.035*
Identify own learning needs	2.02	.63	1.73	.66	2.45	.016*
Express own learning needs	2.03	.61	1.78	.64	2.21	.029*
How to set goals	1.97	.71	1.62	.67	2.86	.005**

Table 45, continued

	Group 1		Group 2			
	M	SD	M	SD	T-value	Probability
Develop organizational/time management skills	2.03	.73	1.73	.76	2.23	.028*
Learn on own	2.26	.74	1.97	.77	2.19	.030*
Learn in a caring environment	2.58	.59	2.32	.65	2.35	.020*
Have home/family responsibilities recognized	2.58	.61	2.28	.66	2.64	.009**

** = Significant at the .01 level

* = Significant at the .05 level

M = mean

SD = standard deviation

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes the summary, conclusions, and recommendations of the research study. A summary of the purpose, literature review, methodology, data analysis, and findings are presented. Following this conclusions drawn from the findings are discussed and finally resultant recommendations are made.

Summary

The Purpose. Barriers to and the learning needs for re-entering nursing were the focus of this study. The purpose was to identify and analyze the barriers to re-entry to nursing and the personal and professional learning needs of re-entry nurses, as perceived by inactive nurses in Alberta. The ultimate goal of this study was to make some recommendations regarding the development and/or improvement of nursing refresher programs which could more effectively meet the learning needs of this population. Answers to five research questions were sought.

The literature review. Because of the lack of literature specifically focusing on the learning needs of re-entry nurses more generally related topic areas were reviewed. The review began with a historical review of women and nurses returning to school and/or the workforce. Characteristics of re-entry nurses were then addressed with reference to literature regarding both re-entry women as a whole and re-entry nurses specifically. The characteristics addressed provided a profile upon which comparisons were made with the characteristics of the subjects in this study. This section of the literature review also provided information which assisted in the compilation of the learning needs utilized in the questionnaire. In addition, some of the unique contributions of nurses returning to the profession were presented.

The theory on the importance of needs assessment to program planning was then examined. Particular reference to Boone's (1985) conceptual programmng model was provided as he strongly supports needs assessment in the development of programs in adult education.

To Boone (1985) program planning is a collaborative effort in that adult educators establish and maintain involvement with their learners in the identification, assessment, and analysis of their educational needs. The needs assessment carried out in this study was an attempt to establish that involvement of re-entry nurse learners. Boone (1985) states that learning needs are identified and analyzed in the planning stage and are then used to design and implement programs that address them. The recommendations of this study are made to be used in designing and implementing nursing refresher programs.

Finally the inception of nursing refresher programs was discussed providing a historical picture of these programs in

Alberta. A description of the more recent and present situation regarding these programs in Alberta was also included.

The Methodology. A descriptive survey method was employed utilizing a questionnaire to obtain data for the study. The questionnaire was developed utilizing other questionnaires, subject experts, the literature review, nursing refresher program course outlines, and nursing refresher textbooks. The questionnaire was piloted by five inactive nurses. A sample of 268 inactive nurses were surveyed of which 155 responded equaling a 58% response rate.

The quantitative data were analyzed using descriptive and inferential statistics. The data obtained regarding demographic characteristics, educational background, and career patterns were analyzed utilizing measures of central tendency and variability. The data obtained from questions regarding the barriers and learning needs were also analyzed using descriptive statistics. The biographical data was then compared with the data regarding the barriers and learning needs using the t-test, ANOVA, and Scheffe's test which provided some additional findings. The qualitative data were analyzed according to themes and frequency of responses.

Findings. A summary of the findings is discussed in relation to the five research questions. Summaries of the biographical findings and the additional findings are also included.

1. Research Question One: What are the barriers to re-entry to the nursing profession as perceived by inactive nurses in Alberta?

Outdated nursing knowledge, lack of technical skills, home and family responsibilities, and limited job opportunities in nursing, were perceived to be barriers by a vast majority of the inactive nurses in this study. Home and family responsibilities and outdated nursing knowledge were the barriers most often perceived to be great barriers by the inactive nurses. They were seen to be great barriers by just less than half of the respondents. The lack of technical skills and limited job opportunities were seen to be more often a slight barrier.

The type of nursing refresher program available in Alberta, a lack of confidence felt by inactive nurses, and poor working conditions in nursing were perceived to be barriers by approximately half of the inactive nurses. Poor working conditions were seen to be great or slight barriers by about equal numbers or inactive nurses. The type of nursing refresher program available and a lack of confidence were often perceived to be only slight barriers.

The lack of financial assistance to return to nursing, poor physical health, a lack of support from employed nurses and inadequate salaries and benefits from working as a nurse were most often perceived not to be barriers to nursing re-entry by the inactive nurses. Only about 20 percent of the respondents perceived these to be barriers and mostly they were seen to be slight barriers. Cultural values regarding the woman's role stood out strongly as not being a barrier to nursing re-entry by 82.4% of the respondents. Some negative comments including additional barriers, about working as a nurse in the hospital setting and about the type of nursing refresher program available in Alberta were expressed. The comments relating to hospital nursing centered mostly around a lack of satisfaction with the health care team and with the inability to carry out adequate patient care. The comments regarding the type of nursing refresher program available related mostly around the concern that the program did not meet their individual learning needs. Other comments made supported the results of quantitative data analysis regarding barriers to nursing re-entry.

2. Research Question Two: What are the personal learning needs of re-entry nurses as perceived by inactive nurses in Alberta?

All of the personal learning needs were perceived to be of great importance or important by more than half of the inactive nurses in the study. Most of the personal learning needs (15) were perceived to be of great importance or important by a vast majority of the inactive nurses. None of the personal learning needs stood out strongly as being of great importance alone.

The need to have various individual, family, and/or work responsibilities recognized as being important even if they competed with learning, to learn in a caring environment, the need to have instructor feedback and supervision, to progress at one's own rate and learn on one's own, to have peer support, and to develop self-confidence, study skills, and ability to manage stress were all seen to be of great importance or important by over 75 percent of the inactive nurses. Most of these needs were seen to be of great importance or important by about equal numbers of respondents.

The remaining personal needs were perceived to be of great importance or important by just over half of the respondents. These needs were concerned with identifying and expressing one's own learning needs, learning with peers in class, developing organizational, time management, goal setting and writing skills, developing more self-esteem and assertiveness skills, and having financial support.

There were only a few comments made regarding the importance of personal learning needs. The comments generally were centered around the usefulness of learning by correspondence and at one's own rate but that peer support and instructor feedback was also important. These contradictory needs of learning by correspondence and on one's own but also of having instructor supervision, feedback and peer support are reflected in the results of the quantitative data analysis also.

3. Research Question Three: What is the professional knowledge

that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?

All of the areas of nursing knowledge were perceived to be of great importance or important for nursing re-entry by a large majority of the inactive nurses in this study. All but two of the knowledge areas were rated as being of great importance or important by over 80 percent of the respondents. The nursing knowledge addressed in this study included a wide range of topics: normal anatomy and physiology, pathophysiology, nursing care procedures, the nursing process, pharmacology, physical and psychosocial needs of patients, nursing specialty areas, and other more general concerns of nurses.

Knowledge about current diagnostic and therapeutic nursing care procedures stood out as being an area of knowledge of great importance rather than just important, to update for nursing re-entry. The knowledge area of geriatric nursing was found to be more often just important rather than of great importance as was the role of research in patient care. The role of research in patient care ranked the lowest as being an important or greatly important knowledge area to update (65%). The remaining knowledge areas were perceived to be either of great importance or important by equal numbers of respondents.

Very few comments were made in this section of the questionnaire. An interesting comment made by two respondents however, referred to the idea that knowledge areas important to update would depend on where one plans to work.

4. Research Question Four: What are the professional skills that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?

All of the nursing skills suggested in this study were found to be of great importance or important by a large percentage of the inactive nurses. The following skills ranked highest and were found more often to be of great importance than just important: using technical equipment and nursing care supplies, administering medications, performing emergency nursing care procedures, performing advanced physical nursing care (dressing changes, intravenous therapy, chest physiotherapy), and performing a physical assessment.

Some other skills were found to be more often simply important rather than of great importance. These skills included: developing nursing care plans, taking a nursing history, carrying out patient and family teaching, recording on the patient's chart, and performing basic physical nursing care.

The two skills that ranked the lowest were improving communication skills to develop effective relationships with patients and co-workers. These two skills were more often rated to be important to update for nursing re-entry rather than to be of great importance for nursing re-entry.

Some comments were made regarding nursing skills for nursing re-entry. Three respondents stated that their communication skills would not need updating because life experiences exercised these skills. These comments supported the results of the data analysis showing the need to develop communication skills as ranking the lowest in importance. Three other comments resembled a comment made regarding research question three: that the skills which would need to be updated would depend on where one would want to work. Two additional nursing skills important for re-entry nurses were addressed, i.e., ambulance procedures in rural areas and computer skills.

5. Research Question Five: What are aspects of professional behavior that the re-entry nurse would need to develop as perceived by inactive nurses in Alberta?

All of the aspects of professional behavior addressed in this study were rated as being either of great importance or important by a vast majority of the respondents. Of greatest importance to most of the respondents included aspects of professional behavior regarding the standard of care one delivers. Also of great importance were aspects of professional behavior regarding legal and ethical considerations of nursing today.

Other aspects of professional behavior considered to be important rather than greatly important included continuing education, self-directed learning, the nurse's role as the patient advocate, a nurse's value to society, and the image a nurse portrays to the public. A nurse's responsibilities to nursing associations and unions ranked the lowest in importance but was still important to the majority of the inactive nurses.

Most of the few comments offered relating to aspects of professional behavior important for nursing re-entry addressed the idea that professional behaviors would not need to be further developed because once developed professionalism is never lost and is only strengthened with life experiences. These few comments do contradict the results of analysis of the quantitative data.

6. General Comments

Many general comments were made by respondents. The majority of these comments expressed some negative perceptions regarding nursing. The remarks addressed concerns that nurses were overworked, that nursing care was no longer patient centered, and that nurses did not support each other in the workplace.

Some positive comments were also made regarding nursing. Some inactive nurses stated they "loved" and "missed" nursing. Others stated their nursing skills were useful life skills.

A few respondents stated why they left nursing. The reasons included home and family responsibilities and dissatisfaction with the job.

Some more remarks were made regarding the nursing refresher course available in Alberta. Some of these comments reflected misunderstandings or uninformed ideas about the program. Other comments related to the content of the program in that it wasn't individualized to their own needs and career goals.

7. Biographical Findings: (tables 1 through 13, figures 1 through 12)

In summary the group of inactive nurses who responded to the questionnaire utilized to carry out this descriptive study were mostly between the ages of 30 and 49 years of age, married with children. The majority of them were diploma graduates. Most of these inactive nurses had not attended any nursing educational program but a little over half had attended nonnursing educational programs during their absence from nursing. Most of the respondents worked as a nurse for 1-10 years and the length of time since they were last employed as a nurse ranged from zero to greater than 20 years with the majority (60.4%) ranging between the years 6 and 15. The majority (67.5%) of them were employed the longest in an acute care but only 35.6% were interested in returning to the acute care setting. Many (26.7%) wanted to return to a community setting. Most of the inactive nurses held a staff nurse position prior to leaving nursing. Finally the percentage of inactive nurses who were and who were not interested in returning to nursing was almost evenly split.

8. Additional Findings

Some significant comparisons were discovered between the biographical data and the data regarding barriers to and learning needs for nursing re-entry when these data were analyzed utilizing the t-test, ANOVA, and the Scheffe's test. Only the more significant comparisons salient to the goal of this study are summarized here.

1. Significant comparisons between the respondents' age and the barriers and learning needs were:

-the younger the respondents were the more home and family responsibilities were a barrier and the more important it was to have these responsibilities recognized as a personal learning need.

-the oldest group of respondents found poor physical health to be more of a barrier than the youngest group.

-the middle aged group found technical skills and inadequate salary and benefits to be more of a barrier than the youngest age group and the need to have instructor feedback more of a personal learning need than the older group of respondents.

-the middle aged group consistently rated all the professional learning needs regarding knowledge to be more important to update for nursing re-entry than did the youngest or oldest age groups.

2. Significant comparisons between the highest level of completed education and barriers and learning needs regarding nursing re-entry were:

-diploma nurses found the lack of financial assistance to be a greater barrier and so, understandably, the need for financial assistance to be a greater personal learning need than did the group of baccalaureate and/or master's nurses did.

-diploma nurses perceived the need to develop study skills, to identify own learning needs, and to have home and family responsibilities recognized as being more important than the group of inactive nurses with educational backgrounds in fields other than nursing.

-baccalaureate and master's level nurses perceived community health care to be a more important area of knowledge to update than did the diploma nurses.

-diploma nurses perceived the need to update their skills regarding administering medications and using technical equipment and nursing care supplies to be more important than did nurses with baccalaureates or master's degrees.

3. Significant comparisons between past attendance in nursing and nonnursing educational programs while away from nursing and barriers and learning needs regarding nursing re-entry included the following:

-the group of respondents who had not attended nursing educational programs perceived the type of nursing refresher program available to be a greater barrier and the needs to learn on one's own and have instructor feedback to be more important than did the respondents who had attended nursing educational programs.

-the group of respondents who had not attended nonnursing educational programs found the need to develop study skills and organizational and time management skills to be more important than did the group who had attended nonnursing educational programs.

4. Significant comparisons between length of time worked as a nurse and learning needs were:

-the group of respondents with 1-10 years of nursing experience found some learning needs to be more important to update than did inactive nurses with greater than 10 years of experience. They included: the personal learning needs to learn on one's own, have instructor feedback and learn in a caring environment, thirteen out of 23 areas of nursing knowledge, and five out of 12 nursing skills.

5. Significant comparisons between number of years since employed as a nurse and barriers and learning needs regarding nursing re-entry were:

-the longer the inactive nurses were away from nursing the more outdated nursing knowledge and the lack of technical skills became barriers to re-entry.

-a lack of confidence was only a greater barrier to those respondents away from nursing for 11-15 years than those from zero to five years.

-the needs to learn on one's own, have instructor supervision and have instructor feedback were generally more important to respondents away from nursing longer.

-the need to update the majority of the professional learning needs was found to be more important to those nurses who had been inactive for longer periods than those away for shorter periods. However this was not always true for the group of nurses who had been inactive for 6-10 years. This group did not find some of the learning needs to be more important than did the group away for a lesser length of time.

6. Of the barriers to nursing re-entry that were rated significantly different by inactive nurses interested in returning to nursing and those not interested in returning to nursing at the present time, more were rated less of a barrier to those interested in re-entry than those not interested in re-entry. The exception was home and family responsibilities which was more of a barrier to those interested in re-entry. Many of the personal learning needs were perceived to be more important to those interested in re-entry than those not interested in re-entry. However, the importance of any of the professional learning needs was not found to differ significantly between inactive nurses interested in returning to nursing and those inactive nurses not interested in returning to nursing.

Conclusions

The following conclusions are based on the findings and may be generalized to the sample of inactive nurses as defined in this study.

1. Most inactive nurses are interested in assessing their own learning needs regarding nursing re-entry.

2. The greatest barriers to nursing re-entry as perceived by inactive nurses relate to some professional and personal issues such as outdated nursing knowledge and skills, and home and family responsibilities. Other professional and personal issues are barriers but to a much lesser degree.

3. Inactive nurses have many personal learning needs which they perceive to be important to attend to for re-entry to nursing practice.

4. When considering nursing re-entry, inactive nurses express the need to have instructor feedback and supervision and to have peer support but also express the need to learn on their own. Also these needs became more important to inactive nurses the longer they were away from nursing.

5. Inactive nurses perceive professional learning needs regarding nursing knowledge to be of great importance to them for nursing re-entry.

6. Inactive nurses perceive professional learning needs regarding nursing skills to be of great importance to them for nursing re-entry. Of these nursing skills, communication skills require the least amount of development as perceived by inactive nurses.

7. Inactive nurses perceive aspects of professional behavior to be important to further develop upon re-entry to nursing.

8. Inactive nurses do have positive and negative perceptions regarding the nursing profession.

9. Demographic, educational, and career information regarding inactive nurses in Alberta is in keeping with demographic, educational, and career information about inactive nurses reported in the literature.

10. There are almost as many nurses interested in returning to nursing as are not interested in returning to nursing.

11. Some barriers to and learning needs for nursing re-entry vary depending on the age of inactive nurses.

12. Some barriers and learning needs differ for inactive nurses with diplomas in nursing when compared with inactive nurses with baccalaureate or master's degrees in nursing or areas other than nursing.

13. Having attended educational programs while absent from nursing lessened the importance of only a few personal learning needs for nursing re-entry for inactive nurses.

14. Having attended nursing educational programs while absent from nursing lessened the type of nursing refresher program available as being a barrier to nursing re-entry for inactive nurses.

15. The less nursing experience inactive nurses have the more important some personal learning needs become.

16. The less nursing experience inactive nurses have the more important many professional learning needs regarding knowledge and skills become.

17. The amount of nursing experience or time away from nursing does not affect the importance of the need to develop aspects of professional behavior for nursing re-entry as perceived by inactive nurses.

18. The longer inactive nurses are away from nursing the more outdated knowledge and skills become barriers.

19. Many professional learning needs regarding knowledge and skills become more important as years since employed as a nurse increases especially after 10 years have passed since employment.

20. Interest in returning to nursing did not affect how the inactive nurses in this study rated the importance of the professional learning needs. Their interest in returning to nursing however, affected how they viewed the barriers and personal learning needs. More barriers were viewed as lesser barriers by inactive nurses interested in returning to nursing and many personal learning needs were viewed as being more important to those interested in nursing re-entry.

21. Inactive nurses share some characteristics with re-entry women. Like re-entry women, they have home and family responsibilities that compete with their learning and they find the needs to improve their self-esteem, develop self-confidence, and learn to be assertive to be important.

Recommendations

The findings of this study may be generalized to the sample of inactive nurses as defined in this study. Generalizations made about other inactive nurses in Alberta should be undertaken with caution. The following recommendations are based on the findings and the conclusions of this study.

1. The Alberta nursing refresher program should be continued.

2. Inactive nurses who are entering the nursing refresher porgram should be given the opportunity to identify and express their own personal and professional learning needs. The information gained from such an assessment should be utilized in the planning of new programs or to improve the existing program.

3. Personal learning needs as determined by conducting a needs assessment of nursing refresher applicants should be done by the coordinators of the Alberta nursing refresher program.

4. The possibility of tailoring the nursing refresher program in Alberta to the individual career goals of refresher students should be considered, e.g., refresher programs in nursing specialties.

5. Nursing knowledge, skills, and aspects of professional behavior should all be part of the content taught in the nursing refresher program in Alberta.

6. The Alberta nursing refresher program should be designed to provide the maximum amount of instructor feedback and supervision. It should also provide consistent opportunities for peer contact.

7. The Alberta nursing refresher program should provide support

to refresher students regarding the students' home and family responsibilities in a consistent manner and on an individual basis.

8. The A.A.R.N. should encourage inactive nurses to attend nursing educational programs while absent from the nursing profession.

9. The A.A.R.N. and the present Alberta nursing refresher program should advertise the program on a regular basis in the A.A.R.N. newsletter and newspapers across Alberta. If applicable, support of students' home and family responsibilities and individual learning needs should be addressed in the advertisement.

Some general recommendations for further study are also included.

1. Educational needs assessments of inactive nurses in Alberta should be conducted on an ongoing basis.

2. Conducting an educational needs assessment of inactive nurses in Alberta not registered with the A.A.R.N. should be considered.

3. An assessment of the learning needs of inactive nurses in Alberta as perceived by nurse educators and re-entry nurse employers should be done. The perceptions of these two groups are recognized as important elements in the development and/or improvement of nursing refresher programs.

4. Should the nursing refresher program in Alberta be revised with input regarding the learning needs of re-entry nurses as perceived by the target learners then an evaluation of the program with respect to whether these needs were met should be conducted.

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APPENDIX A

Newspaper Advertisement

Do you want to go back to Nursing?

I will be conducting a study on the professional and personal learning needs of nurses who want to re-enter nursing. If you would be willing to complete a questionnaire please call: Michele Macdonald at 437-4494.

APPENDIX B

AN ANALYSIS OF THE NEEDS OF INACTIVE NURSES IN ALBERTA

This questionnaire will take about 15-20 minutes to complete. Parts I and II include demographic questions and questions regarding barriers to re-entry to nursing. Even if you are not interested in returning to nursing, I would ask you to complete these two parts.

Parts III and IV include questions regarding your personal and professional learning needs if you were to consider returning to nursing. Even if you are not interested in returning to nursing at this time, but may be in the future, please complete these last two parts as well as Parts I and II.

Thank you for your assistance.

PART I | OFFICE USE

Please circle the item that best represents your answer or fill in the response as indicated. _ _ _ 1
1-4

Biography

1. Your age — 5, 6

1 - 20-29 years
2 - 30-39 years
3 - 40-49 years
4 - 50-59 years

2. Number of children

1 - none
2 - 1-3
3 - 4 or more

3. Your family status — 7, 8

1 - married
2 - single
3 - divorced/separated
4 - widowed
5 - other, specify ________________

4. Age of youngest child

1 - no children
2 - 0-5 years
3 - 6-12 years
4 - 13-19 years
5 - over 20 years

Education

5. Please indicate the highest level of completed education. — 9

1 - Diploma in nursing
2 - Baccalaureate Degree, nursing
3 - Baccalaureate Degree, other field
4 - Master's Degree, nursing
5 - Master's Degree, other field
6 - Other, please specify ______________________

6. Have you attended any continuing educational programs in nursing during your absence from nursing? — 10

1 - Yes
2 - No
3 - If yes, please name the course(s).

	OFFICE USE
7. Have you attended any non-nursing educational programs while being absent from nursing? 1 - Yes 2 - No 3 - If yes, please name the course(s).	11
Career Pattern 8. How long have you actively worked as a nurse? 1 - less than one year 2 - 1-10 years 3 - 11-19 years 4 - 20 years or more	12
9. How long has it been since you were last employed as a nurse? 1 - 0-5 years 2 - 6-10 years 3 - 11-15 years 4 - 16-20 years 5 - 21 years or more	13
10. In what setting were you employed longest? 1 - acute care hospital 2 - long-term care facility 3 - psychiatric hospital 4 - ambulatory care setting 5 - community setting 6 - educational setting 7 - other, please specify ______________________	14
11. What is the title that best describes the last position you held before you left nursing? 1 - staff nurse 2 - administration 3 - education 4 - public health nurse 5 - office nurse 6 - other, please specify ______________________	15
12. Of the following alternatives, which one best describes your position? 1 - I am interested in returning to nursing 2 - I am not interested in returning to nursing. Please explain the reason. 3 - I am interested in returning to another field of work. Please specify field of work (if known).	16

OFFICE USE

13. If you are interested in returning to nursing, which best describes the setting you would most like to be employed in? 17

1 - acute care hospital
2 - long-term care facility
3 - psychiatric hospital
4 - ambulatory care setting
5 - community setting
6 - educational setting
7 - other, please specify ______________________

PART II - Barriers to Re-entry

Identified barriers to nursing re-entry are listed as follows. Please rate each item as to how much of a barrier it would be to you if you were to consider returning to nursing. Please circle your answer.

A. If I were to consider returning to the nursing profession, how much of a barrier would I perceive the following items to be?

	Great Barrier	Slight Barrier	Not a Barrier	
1. home/family responsibilities	1	2	3	18
2. limited job opportunities	1	2	3	19
3. physical health	1	2	3	20
4. outdated nursing knowledge	1	2	3	21
5. lack of technical skills	1	2	3	22
6. poor working conditions	1	2	3	23
7. inadequate salary/benefits	1	2	3	24
8. cultural values regarding the woman's role	1	2	3	25
9. type of refresher program available	1	2	3	26
10. lack of satisfaction from working as a nurse	1	2	3	27
11. lack of financial assistance	1	2	3	28
12. lack of support from employed nurses	1	2	3	29
13. lack of confidence	1	2	3	30

14. comments/other barriers

Even if you are not interested in returning to nursing at this time, but may be in the future, please complete Parts III and IV.

PART III - PERSONAL LEARNING NEEDS

The following lists specific personal learning needs that have been considered important for re-entry nurses to meet to learn effectively. Please rate each item as to how important a learning need YOU perceive it to be if you were to consider returning to nursing. Please circle your answer.

A. If I were to consider returning to nursing, how important would it be for me to :

		Of Great Importance	Important	Not Important	OFFICE USE
1.	develop self-confidence	1	2	3	31
2.	improve my self esteem	1	2	3	32
3.	learn to be more assertive	1	2	3	33
4.	develop my study skills	1	2	3	34
5.	develop my writing skills	1	2	3	35
6.	improve my ability to identify my own learning needs	1	2	3	36
7.	express my own learning needs	1	2	3	37
8.	have my individual learning needs recognized	1	2	3	38
9.	learn how to set goals	1	2	3	39
10.	develop organization and time management skills	1	2	3	40
11.	learn on my own (at home, by correspondence)	1	2	3	41
12.	learn with my peers in a classroom setting	1	2	3	42
13.	have peer support	1	2	3	43
14.	have instructor supervision and assistance	1	2	3	44
15.	have instructor feedback	1	2	3	45
16.	progress at my own rate	1	2	3	46
17.	learn in a caring and encouraging environment	1	2	3	47
18.	have my various family and/or work responsibilities recognized as being important even if they compete with my learning	1	2	3	48
19.	have financial support	1	2	3	49
20.	develop my ability to manage stress	1	2	3	50
21.	Comments/other personal needs				

PART IV Professional Learning Needs

OFFICE USE

The following lists specific knowledge, skills and behaviors that are considered important for nurses to possess. Please rate each item as to how important a learning need YOU perceive it to be if you were to consider returning to nursing. DO NOT rate each item as to how important it is to nursing. Please circle your answer.

A. If I were to consider returning to nursing, how important would it be for me to update by knowledge of:

		Of Great Importance	Important	Not Important	
1.	the normal anatomy and physiology of the human body	1	2	3	51
2.	the pathophysiology underlying patients' health problems	1	2	3	52
3.	current diagnostic and therapeutic nursing care	1	2	3	53
4.	common emergencies/first aid	1	2	3	54
5.	the significance of laboratory and diagnostic findings as related to patient's physical status	1	2	3	55
6.	the nursing process, a problem solving approach to deliver nursing care	1	2	3	56
7.	pharmacological aspects of nursing care	1	2	3	57
8.	the physical needs of patients	1	2	3	58
9.	the psychosocial needs of patients	1	2	3	59
10.	medical and surgical care	1	2	3	60
11.	obstetrics	1	2	3	61
12.	paediatrics	1	2	3	62
13.	psychiatry	1	2	3	63
14.	geriatrics	1	2	3	64
15.	community health care	1	2	3	65
16.	the role of patient education	1	2	3	66
17.	the role of research in patient care	1	2	3	67
18.	the legal aspects of nursing	1	2	3	68
19.	the ethical concerns facing nurses today	1	2	3	69
20.	the health risks of nursing	1	2	3	70
21.	the current professional roles and responsibilities of nurses	1	2	3	71
22.	current modes of therapy from other health care professionals i.e., respiratory, occupational, physiotherapy, dietary	1	2	3	72
23.	changes within the health care system	1	2	3	73

24. Comments/other knowledge

OFFICE USE
_ _ _ 2
1-4

8. If I were to consider returning to nursing, how important would it be for me to refresh my ability to:

		Of Great Importance	Important	Not Important	
1.	take a nursing history	1	2	3	5
2.	perform a physical assessment	1	2	3	6
3.	develop useful nursing care plans	1	2	3	7
4.	perform basic physical nursing care, i.e., hygienic care, feeding, oxygen therapy, assisting with elimination, rest and activity needs of patients	1	2	3	8
5.	perform advanced physical nursing care (dressing changes, IV therapy, chest physio, etc.)	1	2	3	9
6.	administer medications and recognize their effects	1	2	3	10
7.	perform emergency nursing procedures (CPR, etc.)	1	2	3	11
8.	record on the patient's chart	1	2	3	12
9.	use communication skills to develop a helping relationship with patients	1	2	3	13
10.	use communications skills to develop a working relationship with other health care professionals	1	2	3	14
11.	carry out effective patient/family teaching	1	2	3	15
12.	use technical equipment and nursing care supplies (monitors, intravenous, oxygen and suctioning equipment, computers)	1	2	3	16

13. Comments/other skills

The following lists some aspects of professional behavior that are considered important to the nursing profession.

C. If I were to consider returning to nursing, how important would it be for me to further develop my professional ways regarding:

		Of Great Importance	Important	Not Important	OFFICE USE
1.	the standard of care I deliver	1	2	3	17
2.	the ethical decisions I must make	1	2	3	18
3.	the legal considerations of nursing today	1	2	3	19
4.	the image I portray to the public	1	2	3	20
5.	my responsibilities to nursing associations and unions	1	2	3	21
6.	my value to society	1	2	3	22
7.	my role as a patient advocate	1	2	3	23
8.	continuing education	1	2	3	24
9.	self-directed learning	1	2	3	25

10. Comments/other

GENERAL COMMENTS

Thank you very much for your time and effort.

Michele C.B. Macdonald, R.N., B.Sc.N

Please return your questionnaire in the enclosed
addressed envelope by April 22, 1991.

APPENDIX C

5816 Estates Drive
Oakland, Ca., 94619
Feb. 6, 1991

Dear Ms. Macdonald:

In reply to your request for permission to use portions of the questionnaire from Jean Ruxton's doctoral dissertation, I am sorry to inform you that my wife, Jean, passed away in the early part of last year. In as much as Nursing Education and the development of excellence in Nursing Care were the primary goals of her professional life, I am sure that she would have wished you well in your work and studies and would have gladly given you her permission to utilize any information or forms contained in her dissertation.

You may use this letter as an authorization for your use of material from this dissertation.

A copy of your work, when completed, would be a welcome addition to the library of the Nursing Department of the College where Jean served as the Chair of the Nursing Department for a number of years.

Please send it to the following address.

Mrs. Arlene A.Sargent, Ed.D.,R.N.
Professor and Chairperson
Nursing Department
Holy Names College
3500 Mountain Blvd.
Oakland, Ca., 94619

With best wishes for success in your endeavor.

Sincerely,

George Ruxton
George Ruxton

APPENDIX D

January 30, 1991

Cheryl Barabash-Pope
493 Ronning Street
Edmonton, Alberta
T6R 1B6

Ms. Michele Macdonald
Department of Adult, Career and Technology Education
University of Alberta
Edmonton, Alberta
T6G 265

Dear Ms. Macdonald,

I would be pleased to allow you access to the questionnaire from my master's thesis "Nursing Refresher Program Curriculum Evaluation" in order to assist you with your study on the learning needs of re-entry nurses in Alberta. Please feel free to contact me at any time if you have any questions about my questionnaire or other portions of my thesis. I wish you much success on your study and the completion of your master's degree.

Yours very truly

Cheryl Barabash-Pope

Cheryl Barabash-Pope

APPENDIX E

AN ANALYSIS OF THE NEEDS OF INACTIVE NURSES IN ALBERTA

I am beginning a survey of inactive nurses in Alberta to gather information about their learning needs if they were to re-enter nursing. This survey will provide the data for completion of my master's thesis in Adult, Career and Technology Education.

I need to pre-test the questionnaire and would greatly appreciate your help. I am asking that you complete the attached questionnaire at your earliest convenience.

I would like your comments and suggestions on the following aspects of the questionnaire: (Please write on the questionnaire itself if you wish)

a) Approximately how long did the questionnaire take to complete?
_______________ minutes.

b) Were the directions clear and easily understood?
Yes ( ) No ( )

If not please identify which ones and why.

c) Were the questions clear?
Yes ( ) No ( )

If not please identify which ones and why.

d) Did you have any problems in completing the questionnaire?
Yes ( ) No ( )

If yes please explain. If you have any suggestions for modification please include these.

e) Please specify any suggestions you may have for further questions.

f) Any other comments are welcomed.

Thank you in advance for your cooperation.

Yours truly,

M Macdonald

Michele C.B. Macdonald, R.N.

APPENDIX F

AN ANALYSIS OF THE NEEDS OF INACTIVE NURSES IN ALBERTA

April, 1991

Dear A.A.R.N. Member:

I am most interested in helping inactive nurses return to their profession. Nurses who have returned to nursing can be a valuable part of the profession. Because of their varied professional and life experiences, they lend to the nursing profession maturity and a heterogeneity that is crucial to a rounded professional image.

The purpose of this study is to analyze the learning needs and identify barriers to re-entry of inactive nurses as perceived by inactive nurses themselves. The information gained will help nurse educators develop new and/or improve present nursing refresher programs. I ask that you please find time out of your busy schedule to complete the questionnaire by **April 22, 1991.** The questionnaire should require only 15-20 minutes of your time. Even if you are not interested in returning to nursing, I would ask you to complete the questionnaire, Parts I and II. Your input is vital. More data is needed from inactive nurses to appropriately define their learning needs.

Participation in the study is voluntary. You are under no obligation to respond. The Alberta Association of Registered Nurses has distributed the questionnaire by mail. The researcher, working independently of the A.A.R.N., has not and never will have access to the names of the subjects chosen. Subjects were randomly chosen by a computer sampling technique. Each questionnaire is numbered only to aid in follow-up procedures to increase the response rate. Any reminder letters will again be mailed out by the A.A.R.N.

All data will be grouped together and your responses will not be individually identified. Every effort will be made to ensure your anonymity and confidentiality.

Copies of the completed study will be available at the Herbert Coutts Education Library, University of Alberta and the Alberta Association of Registered Nurses Library. Also, a summary of the findings will be printed in the A.A.R.N. Newsletter.

Please return the questionnaire in the enclosed stamped addressed envelope by **April 22, 1991.** Your participation in this study would be greatly appreciated and is crucial to the development and/or improvement of effective nursing refresher programs.

Please feel free to contact me at (403) 437-4494 if you have any questions or require assistance in completing the questionnaire.

Thank you in advance for your time and interest in furthering our understanding of the nursing profession.

Yours very truly,

M Macdonald

Michele C.B. Macdonald, R.N., B.Sc.N.
Graduate Student
University of Alberta

APPENDIX G

Timeline for Needs Analysis Study of Re-entry Nurses

Nov.- Dec. 1990	-Thesis Proposal Approval Obtained. -Approval obtained from the AARN for access to the sample. -Met with subject experts re: questionnaire items etc.
Jan.- Feb. 1991	-Developed questionnaire. -Met with subject experts re: tentative questionnaire.
Feb. 1991	-Revised questionnaire. -Selected pilot group (5 inactive nurses). -Pilot study of questionnaire done. -Questionnaire revisions made
April 1991	-Questionnaires distributed by the AARN.
May 1991	-Data analysis completed
May - Aug. 1991	-Compiled all sections of thesis and made revisions.
Sept. 1991	-Thesis Committee Approval Obtained.

APPENDIX H

ALBERTA ASSOCIATION OF REGISTERED NURSES

11620 168 STREET
EDMONTON, ALBERTA
T5M 4A6
TELEPHONE (403) 451 0043
FAX (403) 452 3276

OUR FILE NO. -- 304.1

May 14, 1991

Michele MacDonald
11419-72 Avenue
Edmonton, Alberta
T6G 0B7

Dear Michele:

As per your request this letter will confirm the Alberta Association of Registered Nurses approval for computer access for labels for Alberta nurses who have not worked in the province as a Registered Nurse for four or more years and who are 20-55 years of age.

The questionnaire titled "An Analysis of the Needs of Inactive Nurses in Alberta" which was part of your Masters Thesis through the Department of Adult, Career, and Technology Education at the University of Alberta was mailed out to 268 members who fit into this category.

The A.A.R.N. policies dictate that all member information is strictly confidential therefore the labeling was done by the A.A.R.N. office.

Yours Sincerely,

Jean E. Smith, R.N., B.Sc.N.
Acting Executive Director

JS/jn

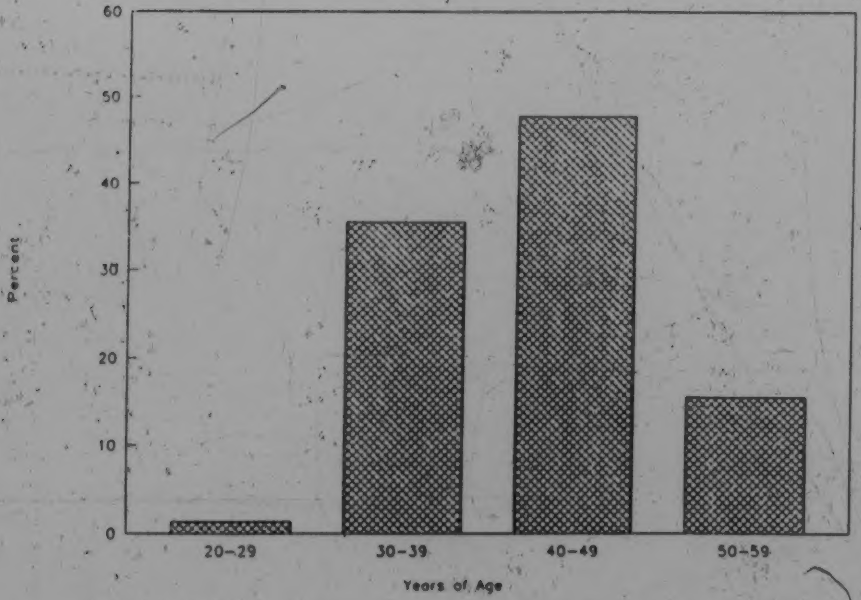
AARN
75
ANNIVERSARY
1916 - 1991

APPENDIX I

DEMOGRAPHIC CHARACTERISTICS

Percentage of Age Groups of Inactive Nurses

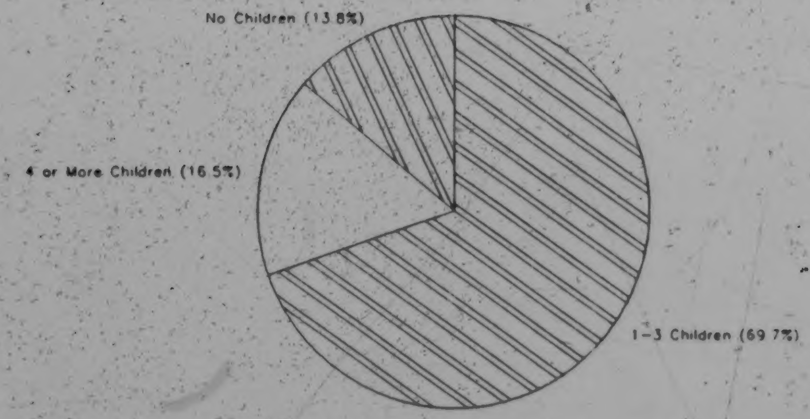
FIGURE 1



DEMOGRAPHIC CHARACTERISTICS

Number of Children

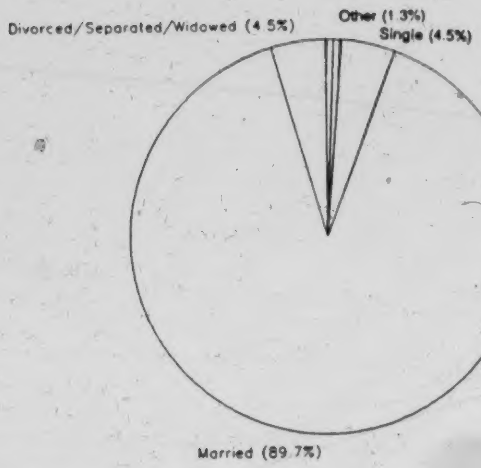
FIGURE 2



DEMOGRAPHIC CHARACTERISTICS

Family Status

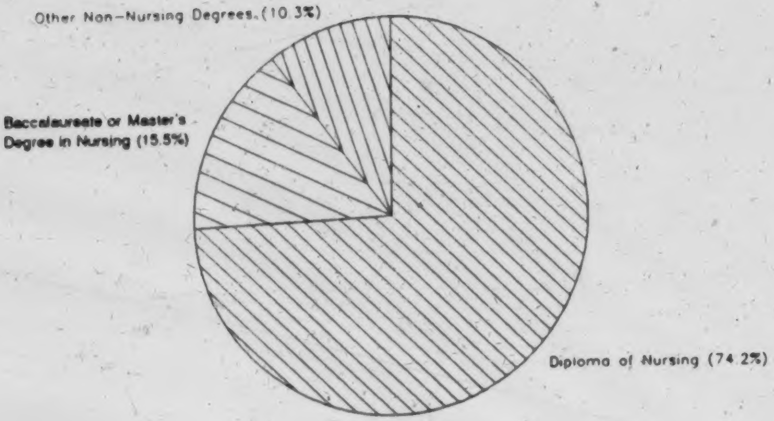
FIGURE 3



EDUCATIONAL BACKGROUNDS

Highest Level of Completed Education

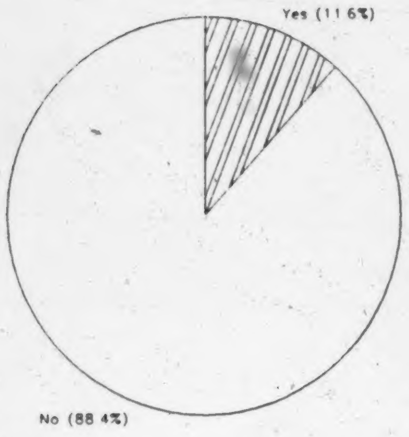
FIGURE 4



EDUCATIONAL BACKGROUNDS

Attendance in Nursing Educational Programs while Inactive

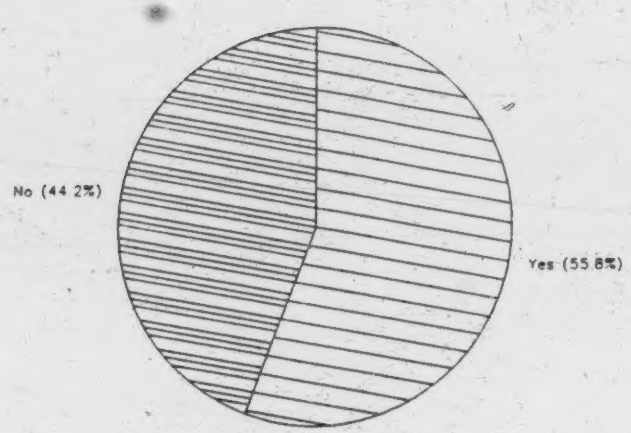
FIGURE 5



EDUCATIONAL BACKGROUNDS

Attendance in Non-Nursing Educational Programs while Inactive

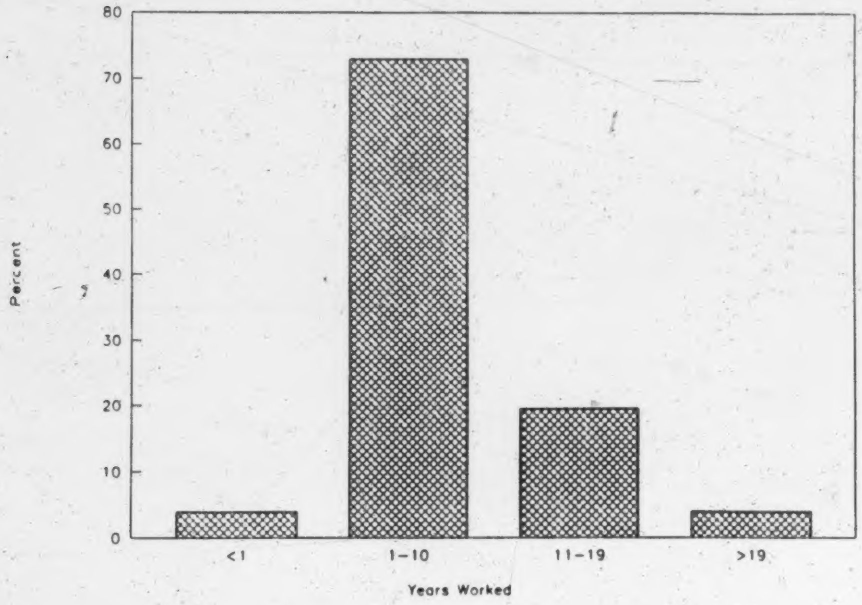
FIGURE 6



CAREER PATTERNS

Length of Time Worked as a Nurse

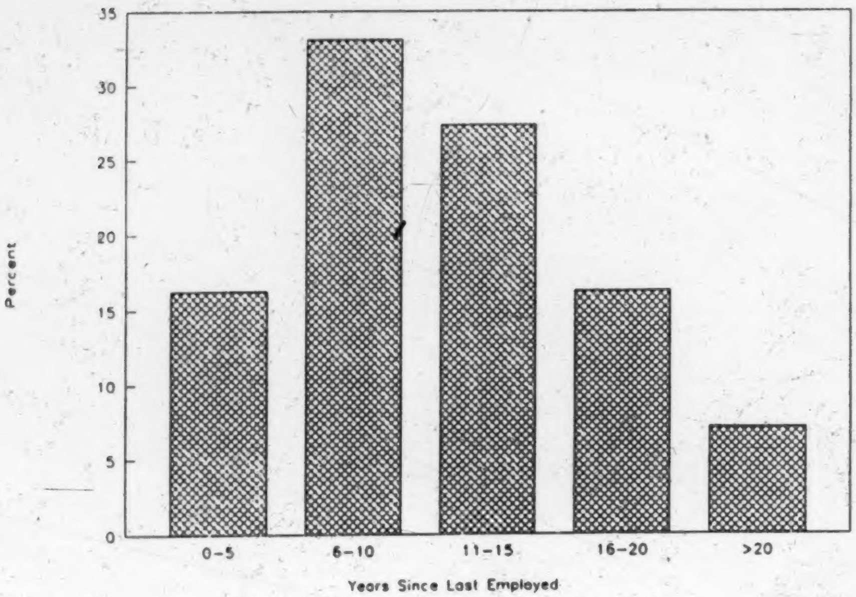
FIGURE 7



CAREER PATTERNS

Length of Time Since Last Employed as a Nurse

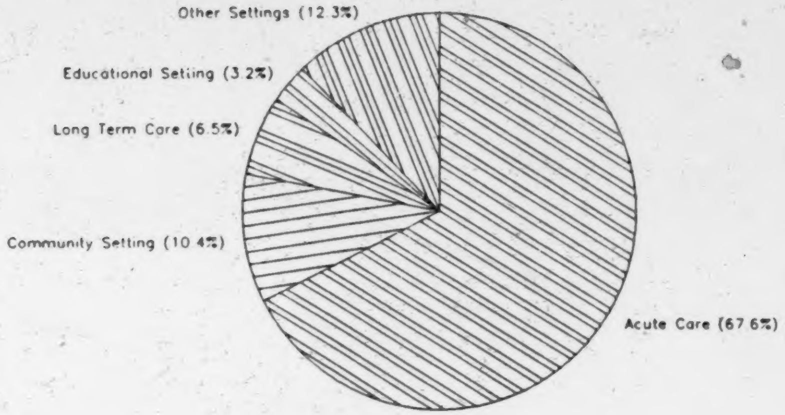
FIGURE 8



CAREER PATTERNS

Setting in Which Employed Longest

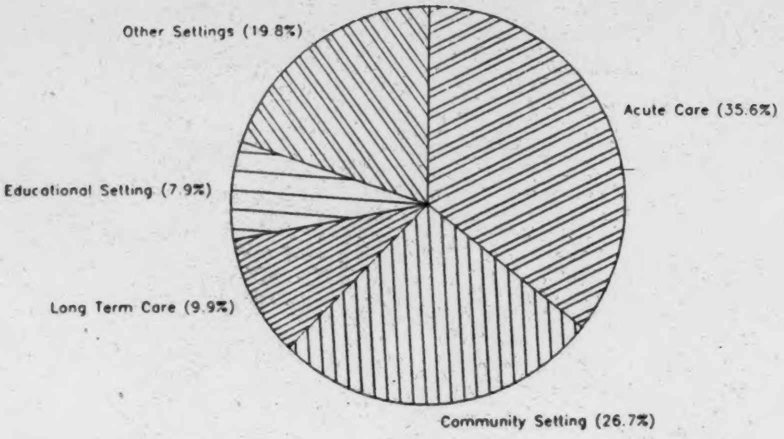
FIGURE 9



CAREER PATTERNS

Setting of Choice to Return To

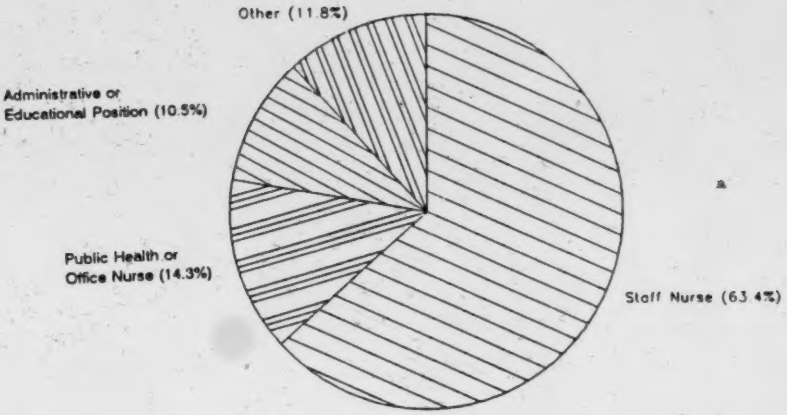
FIGURE 10



CAREER PATTERNS

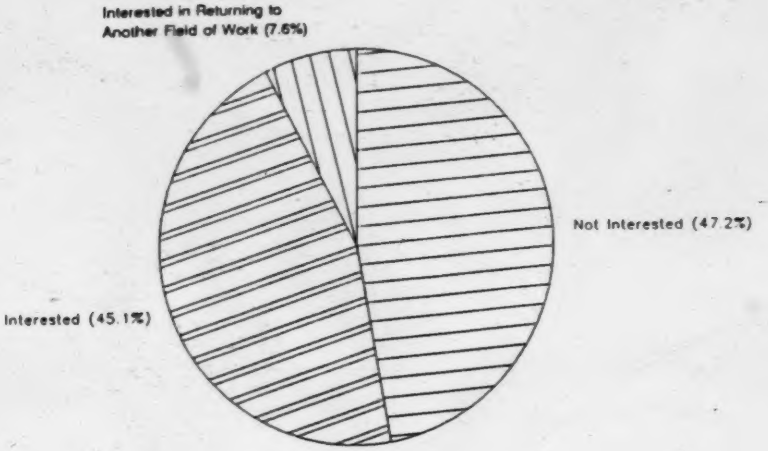
Position Held Before Left Nursing

FIGURE 11



CAREER PATTERNS

Percentage of Inactive Nurses Interested in Returning to Nursing

FIGURE 12